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ABSTRACT

The Higher Education Faculty Institute was designed to increase the capacity of institutions of higher education to offer coursework, practicum, and specialty course sequences across personnel preparation programs for disciplines involved in early intervention. During the 3 years of the project, 38 higher education faculty were enrolled in Institutes representing 15 colleges and universities in the New York metropolitan area. The primary goal was to develop a model inservice program for university faculty representing related service disciplines. A 5-day Institute format was developed to train small groups of faculty and to provide follow-up technical assistance for 1 year. The outcomes expected were a redesign of coursework or practicum, creation of new courses and practicum activities, or a specialty sequence in early intervention. This report describes project goals and objectives, the theoretical and conceptual framework, model description, methodological and logistical problems, findings, project impact, and future activities. Appendices comprise the bulk of the report and include administrative documents such as contracts and curriculum vitae; a faculty manual and a curriculum covering legal issues and service parameters, family systems and cultural sensitivity, transdisciplinary programming and settings for instruction, individual family service plans and evaluation, and discipline specific recommendations/higher education issues in New York State; a bibliography of approximately 650 entries; and survey questionnaires. (Contains 21 references.) (Author/JDD)

ED 369 224

HIGHER EDUCATION FACULTY INSTITUTE
MULTIDISCIPLINARY INSERVICE MODEL
DEMONSTRATION PROJECT

FINAL REPORT

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Early Education Program for Children With Disabilities
U.S. Department of Education
Grant Number: H024900024

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September 30, 1993

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I. ABSTRACT

Higher Education Faculty Institute

A Training Program for Higher Education Faculty Across Disciplines in Best Practice in Early Intervention

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Director	Project Coordinator	Project Staff

The Higher Education Faculty Institute was designed to increase the capacity of institutions of higher education to offer coursework, practicum and specialty course sequences across personnel preparation programs for disciplines involved in early intervention. During the three years of this project 38 higher education faculty were enrolled in Institutes representing 15 colleges and universities in the New York metropolitan area. Participants received follow-up support for one year.

The primary goal of the Higher Education Faculty Institute was to develop a model inservice program for university faculty representing related service disciplines. To do this a five day Institute format was developed to train small groups (5 to 10) of faculty from a variety of disciplines and then to provide follow-up technical assistance for one year following each Institute. The types of outcomes which were expected during these follow-up activities included: a redesign of coursework; a redesign of practicum; creation of new courses, practicum activities; or a specialty sequence in early intervention. A faculty training manual and curriculum were also developed. Appendix A contains the curriculum vitae for project staff.

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III. PROJECT GOALS AND OBJECTIVES

The task of increasing the number of qualified personnel available to implement early intervention services must be addressed by all states participating in Part H of P.L. 99-457. The programmatic requirements of this law include the establishment of a comprehensive system of personnel development and the adoption of personnel standards. While these are only two of the 14 minimum components which are required of the states participating in P.L. 99-457, they represent a critical area which must be addressed before each state can be assured of its ability to implement the full scope of services required by the law (Gilkerson, Hilliard, Schrag, & Shonkoff, 1987; Meisels, et al., 1988; Smith & Powers, 1987; Woodruff, McGonigal, Garland, Zeitlin, Chazkel-Hochman, Shanahan, Toole, & Vincent, 1985).

Compounding the shortage of professionals in the field of early intervention is the specialized training required to provide services to infants and toddlers with disabilities and their families. It has been suggested that the preparation of infant specialists requires the development of competencies and skills which are qualitatively different from the skills typically included in programs training personnel to work with young children (Bailey, 1989; Bailey, Ferel, O'Donnell, Simeonsson, & Miller, 1986; Bricker & Slentz, 1988; McCollum & McCarten, 1988; McCollum & Thorp, 1988). Additionally, the law requires skills in areas which are usually not covered in the pre-service curriculum offered to the majority of professionals. These areas include family-directed intervention, service coordination, interdisciplinary teaming and interagency collaboration.

The objective of the **Higher Education Faculty Training Institute** was to develop, implement and evaluate a curriculum for faculty at universities and colleges which would enhance training in early intervention through the subsequent introduction of early intervention content into university and college programs. The specific objectives are as follows:

Objective 1.0: TO DEVELOP INSTITUTE COURSEWORK

1.1 Develop coursework

1.2 Convene expert review panel

1.3 Pilot coursework

Objective 2.0: TO DEVELOP PRACTICUM ACTIVITIES

2.1 Develop practicum activities in early intervention sites based upon coursework content

Objective 3.0: TO IMPLEMENT HIGHER EDUCATION FACULTY INSTITUTE

3.1 Recruit participants

3.2 Enroll participants

3.3 Implement 5 day Institute

3.4 Provide follow-up for one year

Objective 4.0: TO EVALUATE FACULTY INSERVICE

4.1 Implement evaluation plan to determine effectiveness of the project using Participant Information Forms, Motivation Forms, Consumer Satisfaction Forms, Pre/Post Test Questionnaires developed by project staff

4.2 Analyze data collected to determine project's effectiveness

The following details the objectives and activities of the project: ~~were as follows:~~

Objective 1.0: **To develop institute coursework.** To accomplish this objective the project developed a syllabus to cover content for faculty who would be introducing the programmatic and philosophical requirements of P.L. 99-457 into their coursework, curriculum, and/or program of studies. The content and syllabus of the coursework was divided into modules which are topic specific. The topics include family directed philosophy, medical issues, educational issues, interdisciplinary teamwork, service delivery issues, curriculum reform and systems change. The training manual that was developed was evaluated before implementation by an expert task force of professionals who are currently on faculty at institutions of higher education and who have been involved in establishing personnel preparation programs and training recommendations for professionals from different disciplines.

Activity 1.1: Develop coursework covering the following topics:

a. family-directed care
b. teams
c. child and family assessment
d. IFSP process
e. P.L. 99-457, Part H
f. NYS Early Intervention legislation

g. cultural sensitivity

These subjects are intended to give faculty the funding and philosophical rationales of P.L. 99-457 so that they can infuse this information into their curriculum.

Activity 1.2: Convene expert review panel to evaluate the syllabus before implementation. The panel consisted of professionals who were on faculty at institutions of higher education and who had been involved in establishing personnel preparation programs and training recommendations for professionals from different disciplines.

The following is a list of Advisory Board Members:

Kathleen Kirk Bishop, Ph.D.
University of Vermont
Burlington, VT

Philippa Campbell, Ph.D.
Temple University
Philadelphia, PA

Angela Capone, Ph.D.
University of Vermont
Burlington, VT

Carl J. Dunst, Ph.D.
Allegheney-Singer Research Institute
Pittsburgh, PA

Susan Harris, Ph.D.
University of British Columbia
Vancouver, B.C., Canada

Jeanette McCollum, Ph.D.
University of Illinois
Champaign, ILL

Pamela Roberts, M.S., R.P.T.
University of Connecticut
Storrs, CT

Jeanne Wilcox, Ph.D.
Arizona State University
Tempe, AZ

Patricia Winstead-Fry, Ph.D.
University of Vermont
Burlington, VT

Activity 1.3: Pilot coursework on staff at Westchester Institute for Human Development (WIHD) of New York Medical College before implementation of training. Due to time constraints and availability of staff, it was decided to schedule the first Institute without piloting the coursework . It was felt that it was important to take the opportunity to use the summer break as faculty are often unable to make such a large time commitment during the school year. Since WIHD had training agreements with 11 colleges and universities in the New York metropolitan area it was proposed that these faculty would be contacted initially for the project. Seven of the nine participants came from schools with training agreements with WIHD. They were contacted with a mailing to faculty from lists given to project staff by WIHD staff.

Objective 2.0: **To develop practicum activities.** Faculty were required to implement applications of the training content delivered through coursework. These applications occurred within practicum sites throughout the New York metropolitan area. They were implemented after the coursework was completed during the year following training.

Activity 2.1: Develop practicum activities in early intervention sites based upon coursework content.

Objective 3.0: **To implement higher education faculty institutes.** Participants were recruited through dissemination of a brochure describing the project using various higher education faculty mailing lists developed in New York State. Once faculty committed to participation in the training they were required to attend all sessions and participate in the year of follow-up activities.

Activity 3.1: Recruit participants from colleges and universities in the New York area. Mailing of brochure utilized WIHD mailing list of affiliated faculty and higher education mailing lists provided by NYS higher education forums.

Activity 3.2: Enroll participants after initial meeting describing the course requirements and methods. A contract stipulating faculty and training project's responsibilities was signed.

Activity 3.3: Implement Institute of 5 days each with one year follow-up activities and evaluation.

Activity 3.4: Provide follow-up for one year through monthly meetings with project staff.

Objective 4.0: **To evaluate faculty inservice.** The evaluation plan was developed using the various instruments designed by project staff.

Activity 4.1: Implement evaluation plan utilizing a variety of methods to determine the effectiveness of the project using Participant Information forms, Motivation Forms, Consumer Satisfaction Forms, Pre/Post Test Questionnaires developed by project staff.

Activity 4.2: Analyze data collected to determine project's effectiveness.

IV. THEORETICAL AND CONCEPTUAL FRAMEWORK

It has been documented that early intervention is facing a critical shortage of personnel trained to provide services under P.L. 99-457 (Meisels, 1989; Meisels, et al., 1988). This shortage is expected to last well into the 1990's and it is occurring across many disciplines. In particular, data has been collected on shortages within special education (McLaughlin, Smith-Davis, & Burke, 1986), occupational therapy, physical therapy, and nursing. Additionally, the Bureau of Labor Statistics (1988) estimates that the fastest growing occupations during this time period are physical therapists, physical therapy aides, home health aides, physician's assistants and occupational therapists.

Courtnage and Smith-Davis (1987) conducted a survey of 260 undergraduate programs in special education and found that 48% of them did not offer coursework on interdisciplinary teaming. Likewise, Bailey and his colleagues (Bailey, Palsha, & Huntington, 1991) surveyed both undergraduate and graduate programs for disciplines listed within P.L. 99-457: special education, nursing, occupational therapy, speech and language pathology, physical therapy, audiology, psychology, nutrition and social work. They examined the total amount of clock hours of training provided to the students on areas related to services to be provided under the law. These areas included case management, ethics, infant development, infant and family assessment, team processing, and values. Their results suggested a significant lack of preparation within these areas by the higher education programs responding to the survey.

Additionally, of those higher education personnel preparation programs which specifically train infant specialists on content required by the law, there appears to be a lack of consensus over the type and number of competencies the trainee should exhibit. Bruder and McLean (1988) reviewed 40 proposals funded under the interdisciplinary infant personnel preparation competition of the Office of Special Education Programs, U.S. Department of Education. A number of ambiguous areas surfaced within the training programs. The range of the number of competencies per proposal was 7 to 380 which suggests a lack of consensus on what and how to measure a student's level of competence as an infant interventionist. A second area was program evaluation. Most proposals had extremely sparse information on the standards to be used. A third area the level of practicum required throughout the training programs. Less than one-third of the training content was delivered through practicum experiences. This limitation seemed to conflict with the findings of a survey on infant personnel preparation which found most respondents reporting on the high value of practicum activities (Bricker & Slentz, 1988).

P.L. 99-457 requires that states must insure that early intervention personnel meet the "highest standards" in the state applicable to their given profession or discipline. In the development of a comprehensive, interdisciplinary service delivery system for infants and toddlers, on the needs of the ten professional disciplines recognized under Part H of P.L. 99-457 must be emphasized. While a number of professional organizations have issued position papers related to guidelines for early intervention standards (cf. American Academy of Pediatrics, 1988; American Speech-Language-Hearing Association, 1989; Council for Exceptional Children, 1989; National Association of School Psychologists, 1987) there has not been a move for states to adopt specific standards for professionals serving under Part H of P.L. 99-457. Though many states are planning to address licensing requirements for P.L. 99-457, there is no guarantee that these requirements will meet specific infancy and interdisciplinary competencies necessary for the full implementation of the law. If a national program for early intervention is to be successful, effective regulatory state standards for practicing professionals must develop in tandem with personnel preparation programs.

It has been suggested that professional preparation programs within the ten disciplines identified in P.L. 99-457 be refined to include discipline specific skills needed to work with infants and their families, as well as interdisciplinary skills necessary for the implementation of the law (McCollum & Thorp, 1988). All disciplines should have thorough knowledge of infant development, identification and assessment, intervention techniques, family systems, and communication skills with families. The interdisciplinary skills would include how to operate within a team by sharing and utilizing other member's expertise for both assessment and program planning. All disciplines also need a working knowledge of interdisciplinary coordination and service coordination strategies. It must be noted that many of the skills necessary require supervised practical application in order to insure that the trainee has acquired competence in the area.

As previously presented the shortage of preservice training programs for early interventionists and lack of consensus about the content of such programs has created a myriad of problems in service delivery. While inservice education as a way to address the need for additional training is an important mechanism for professionals to keep abreast of new information and to replace ineffective practices with those documented to be more effective, preservice training must address, across disciplines, the issues related to best practice in early intervention. It has become apparent that the many growing demands of early intervention services require a new commitment on the part of preservice training programs to redesign their content and methodology to incorporate best practice in adult learning. The training curriculum must provide skills and knowledge which will insure the delivery of interdisciplinary family directed services which are effective along a number of dimensions. Training for professionals who will be delivering these services must be focused upon moving to a family directed community based approach.

The Higher Education Faculty Institute was designed to provide faculty across disciplines with information in best practice in early intervention. After an assessment of both the needs in New York State as well as local training needs it was determined that there were few programs at the colleges or universities in the area that offered specific training in birth to three intervention. There were none in Westchester County, one in Manhattan at Bank Street College of Education and one at the University of Rochester.

Project activities were designed to prepare faculty with information in best practice in early intervention. Activities focused on the development of a curriculum for faculty, an institute training manual, the implementation of six Higher Education Faculty Institute training a total of 38 participants and follow-up activities with each of the participants for a period of one year after the completion of the Institute.

V. MODEL DESCRIPTION

The Higher Education Faculty Institute was an inservice model demonstration project funded by the Early Education Program for Children with Disabilities from 1990-1993. The goals of this project were to develop, implement, and evaluate activities for faculty who provided training to related services personnel at the college and university level. This project was designed to expand the knowledge base related to early intervention services by assisting professionals to acquire the skills necessary to implement the programmatic requirements of P.L. 99-457. As such, outcome data focused on the development and implementation of a model for related service professionals who are or may be (in future jobs) providing early intervention services under Part H of P.L. 99-457.

The major training component of this project was to implement multiple training sessions called Institutes. Each consisted of a small group, from 3 to 10 participants, who attended a series of didactic and activity based sessions. The small groups allowed for individualization of content and group activities, and the heterogeneous grouping promoted learning from the experiences of other participants. Principles of adult learning were utilized to shape the training process.

Coursework consisted of a combination of lectures, discussions, films, practical activities and feedback. The two major components of the Institute were the group training sessions and individual follow-up for one year post Institute. There were 6 Institutes held during the course of the 3 years of this project with a total of 38 participants.

Follow-up activities were designed to translate coursework content into practical applications through the completion of competency tasks. These tasks were individually designed to insure the most practical application for individual faculty. The tasks consist of the basic competencies of the Institute topics:

1. to redesign practicum experiences with principles of early intervention
2. to infuse early intervention principles into existing coursework
3. to create a new course or sequence of courses
4. to meet with the Dean of the college or university

The objective of the tasks for follow-up was to enable the participants to implement the training content into their own curricula and to train others on their faculty about the Institute content, thereby expanding the impact of the original training. The tasks were delineated specifically, and were adapted to the needs of, and conditions present in, each participant's faculty. The institute instructors conducted on-site visits with each participant as needed for one year.

The purpose of the site visits was to observe, check on completion of tasks, collect completed tasks, provide consultation and assist in problem solving around issues related to the topics of the institute. As the project evolved the initial model of four sessions for the Institute expanded to five. As follow-up activities evolved there were two universities with faculty who designed their follow-up activity as a group activity designed to implement a new program at the university. Individual follow-up activities were also held with faculty members in order to help facilitate change within specific courses.

The knowledge and skills were implemented through activities which replicate requirements of the law (interdisciplinary groups of professionals). Based upon the knowledge and skills needed by participants to determine and implement appropriate early intervention goals and objectives for their courses the training activities were designed to be consistent with the literature on adult learning. The activities included practical applications and follow-up support activities for faculty. The project developed materials for use during training. These materials are available for national dissemination. The project has also developed materials, with the assistance of a task force of nationally known experts in the field of early intervention at the higher education level, for university faculty who are crucial to the provision of personnel preparation in P.L. 99-457. Finally, the project has evaluated the effects of training across disciplines and programs thus insuring the systematic refinement of project goals and training activities.

Initial project activities centered around collecting data from faculty about the early intervention material in their current curricula. Visits were made to Adelphi University, Department of Special Education, Bank Street College of Education, Hunter College School of Social Work, and Mercy College, Graduate School of Nursing, all in the metropolitan area to assess the early intervention material as they currently exist. In addition, a meeting was held on December 4, 1990 for higher education faculty to identify areas of need for additional coursework in their programs. Appendix B contains the Higher Education mailing list and Appendix C contains the attendance and minutes of the meeting.

A brochure was developed describing the objectives of the Higher Education Faculty Institute (Appendix D). This brochure was sent with an outreach letter to all potential faculty on the mailing list. This was done each time a new Institute was planned.

During this period plans were made to convene a meeting of the National Advisory Board (Appendix E) on January 24-25, 1992. Appendix E contains the list of Advisory Board members and their affiliated college or university. This group of highly visible nationally known experts in the field of early intervention across teaching disciplines were chosen because of their involvement in establishing personnel preparation programs and training recommendations for professionals from different disciplines. The goal of this meeting was to gain input from nationally known experts on curriculum, coursework, practicum and follow-up in early intervention. The minutes of this meeting can be found in Appendix F.

As clarification of project activities evolved two components were identified as appropriate to meet the project goals. One was to develop and offer Institutes to focus on family directed early intervention needs of higher education faculty.

The topics included were:

1. Legal issues of P.L. 99-457
2. Service parameters
3. Family systems
4. Family directed care
5. Cultural sensitivity
6. Teams
7. Individualized Family Service Plan
8. Transdisciplinary programming
9. Child and family assessment
10. Goal setting
11. Activity based instruction
12. Settings for instruction

13. New York State legislative efforts

The content and syllabus of the coursework was divided into modules which were topic specific.

The intended outcome of the coursework was to help faculty:

1. to be able to understand the funding and philosophical rationales of P.L. 99-457
2. to be able to identify NYS's lead agency for birth to three year olds
3. to be able to identify three roles of service coordinators
4. to understand the role of curriculum development in training professionals in best practice in early intervention
5. to be aware of personnel competencies within disciplines
6. to understand factors that enhance team functioning
7. to be familiar with family systems theory
8. to identify principles of family-directed care
9. to identify culturally sensitive practices in family-directed care
10. to understand child and family assessment issues and practices
11. to understand instructional goals that reflect transdisciplinary programming
12. to understand components of the IFSP process
13. to identify the role of program evaluation in early intervention services
14. to understand areas for reform in higher education.

An Institute Training Manual was developed during the first six months of the project. This can be found in Appendix G outlining each module. This manual was given to each participant on the first day of the training to provide them with ongoing material for each day of the Institute. Session V of each Institute (Institutes II-VI) focused on New York State legislative efforts. This was also done on Day IV of Institute I. Appendix H contains a curriculum and bibliography designed as an in depth review of best practice in early intervention. The curriculum and bibliography are included in the training manual as appendices.

Dr. Donna Noyes from New York State Department of Health, the lead agency in the state, was the main presenter at the last sessions of each Institute. She reviewed with the group the progress on New York's Early Intervention legislation and the development of Standards and Procedures once the legislation was passed in July, 1992. As New York State was gearing up for implementation of the Early Intervention legislation on July, 1993 this fifth session proved to be timely for all participants. Participants of all previous Institutes were encouraged to attend these sessions to keep all participants as informed and up to date as possible as to the legislative efforts in the state.

Project staff always included participation of either Linda Caruso or Barbara Levitz, parent consultants. Their input was particularly valuable during sessions related to family systems, cultural diversity and the development of the IFSP. Feedback from participants indicated that they felt that having parents as co-teachers was an integral part of the Institute and extremely valuable. A number of faculty used parents as co-teachers in their courses as a direct result of their experience in the Institute.

Institute Evaluation

Institute Contract

Each participant received an Institute Contract prior to the beginning of the Institute (Appendix I). This contract is an agreement between the participant and the faculty of the Institute to attend the five sessions. The participants were also given, on Day 1 of the Institute, a Participant Information sheet (Appendix J) and a Motivation Questionnaire (Appendix K) to return on Day 2.

Participant Information Sheet

The Participant Information Sheet provided general demographic information about each participant. This questionnaire collected information on the participant's professional position, level and focus of formal education, certification, and amount and type of teaching experience. It was administered at the beginning of the first session. The purposes of this questionnaire was to document the characteristics of the training audience and to correlate characteristics with training results. The number of participants from each discipline was determined, as well as the number of participants teaching each discipline, the number of participants with each type of degree, the number of participants with formal training focusing on the birth to three population, the mean of years that the participants had been teaching about the birth to three population, the mean number of years that the participants have been working in the field, the number of participants who have had experience with different age groups and in special or regular education, and the number of participants who have had participated in training on the specific institute topic. This has allowed us to compile demographic data on the participants of all six Institutes.

Motivation Questionnaire

The Motivation Questionnaire provided information about participants reasons for enrolling in the Institute and problems that they may have encountered with attendance. There was a list of 15 reasons for attending the Institute. Participants were asked to rate the reasons for participation in terms of importance on a scale of 1 to 3 (1 = not at all important; 2 = somewhat important; 3 = very important). In the second portion of the questionnaire participants were given a list of 5 reasons which may have caused them some problems in attending the Institute. They were asked to rate them on a scale of 1 to 3 (1 = not at all problematic; 2 = somewhat problematic; 3 = very problematic). The function of this questionnaire was to determine which motivating factors were indicated most often as being significant in determining participation and to determine which motivators correlate most strongly with positive training results. Because the participants were asked to star the primary reasons for their decision to attend the Institute the starred responses were enumerated with the numeral four.

Consumer Satisfaction Sheet

The Consumer Satisfaction Sheet (Appendix L) was used after each session to provide feedback about participants reactions to achieving the goals and objectives set forth by the Institute. The mean score in the content, presenter and logistics sections of the presentation was based on a 1 to 5 Likert scale (1 = strongly disagree through 5 = strongly agree). The Consumer Satisfaction Sheet was administered at the end of each session. The purpose was to determine whether specific aspects of the training met with the participants' satisfaction and to determine which aspects were most and least beneficial.

Pre/Post Questionnaire

Identical Pre/Post Session Questionnaires (Appendix M) were used before and after the Institute to assess acquisition of Institute material. Initially Institute I had a Pre/Post Questionnaire after Day 2-4 and Institute II had a Pre/Post Questionnaire daily. These were modified after Institute I and II in order to gather more accurate data. The reason for the modification can be found in Section VI, Methodological and Logistical Problems.

Follow-up Activities

Follow-up activities were held with all participants. Dr. Carol Lippman, Project Coordinator was responsible for the supervision of follow-up acticities of all but three participants. Dr. Theresa Bologna, a part-time member of the Higher Education Faculty Training Institute staff was responsible for follow-up with three participants from Institute I, Dr. Helen Lerner, Lehman College, Dr. Lorraine Siegel, Fordham University and Prof. Sunny Goldberg, Manhattanville College.

Table I contains the follow-up activities for participants from Institutes I-VI. Each participant was visited every month to six weeks for one year post Institute. Appendix N contains follow-up sheets with a record of the objectives of each visit. In addition, Appendix O contains case studies for each of the participants of each institute. Included here are copies of course outlines, syllabi, new course outlines, change in university policy, conferences that reflect inclusion of material on best practice in early intervention. There were two instances in which Institutes were held at one university with members of various disciplines participating. One was at New York University, School of Health, Education, Nursing and Arts

Professions (SEHNAP). The other was at Adelphi University where members of the Department of Speech, Audiology, Education, and Nursing participated. In each of these two the follow-up project was done on a university level although individual members also infused some of the material on early intervention into their courses.

In another instance there was an Institute that was held at one university for members of the Department of Speech Pathology and Audiology. The follow-up activities proved to be the most difficult here and will be discussed in Section VII under Methodological and Logistical problems.

The second component planned was to provide technical assistance to individual faculty to meet their specific needs for training in family directed early intervention. Dr Phyllis Mendel, from Adelphi University Graduate School of Special Education requested such help. A meeting with her at her office in Garden City, N.Y. was held on October 24, 1990 to develop objectives designed to identify areas in her program needing additional coursework material in early intervention (Appendix P). Appendix Q contains a copy of the Interdisciplinary Early Intervention Master's Degree Program submitted by Dr. Mendell to her Chair. These are included separately since there is not enough information for a separate case study for Dr. Mendell.

While the use of both Institutes and individual technical assistance appeared to be appropriate to meet the current needs of higher education faculty in the New York area, only Dr. Mendell utilized individual technical assistance. All other faculty participated in a four or five day Institute.

Other Activities

During the course of the three years of the project a number of other activities developed as a result of faculty participation in the Higher Education Faculty Institutes. After the first Institute the group decided on having a follow-up meeting to share progress with members of the group. This meeting was held on October 11, 1991. The attendance and meeting minutes can be found in Appendix R.

On February 24, 1992, Dr. Lorraine Siegel, Institute I participant, coordinated a meeting for students, faculty and fieldwork supervisors at Fordham University School of Social Work. The subject was family-directed care and the meeting was attended by approximately 120 people. This meeting was important because 35 agencies in the New York, Westchester, and Fairfield county area were represented providing the service community, who were responsible for training students, with an opportunity to explore issues related to family-directed care.

On December 2, 1992 Dr. Jacqueline Hott and other members of the Adelphi University Higher Education Faculty Institute coordinated a large community meeting for the Nassau and Suffolk county service community. The topic discussed was family-directed care with specific emphasis on the IFSP process.

Both of these large community meetings were especially important because of the opportunity provided to address best practice in early intervention with the service community. Since many students had practicum assignments in agencies participating in these meetings is provided continuity between classroom and fieldwork experiences.

VI. METHODOLOGICAL AND LOGISTICAL PROBLEMS

This section will discuss a number of departures from the planned activities as stated in the original grant and some methodological problems and resolutions that were encountered.

In the original grant Objective 1.0 was to develop institute coursework. This was reviewed by the task force of experts and then to be piloted on the staff at Mental Retardation Institute (MRI) renamed the Westchester Institute for Human Development. While this was the initial intent as stated in the grant proposal, due to time constraints and availability of staff it was decided by project staff to proceed with scheduling the first Institute which was held on July 8, 12,19,22, 1991 for 9 participants. It was felt that it was important to take the opportunity of scheduling the first Institute during the summer as faculty are often too busy to be able to make a commitment to four or five full days during the academic year.

The training manual was written with input from our nationally known task force of experts. The first Institute was scheduled for four days in July, 1991 with each day being 7 hours in duration. As a result of the experience in the first Institute a number of changes were made in the format and length of the Institutes. Feedback from the participants of Institute I was very clear that the amount of material to be processed during the time of the Institute was very important and lengthy. It was strongly recommended that an extra day be added to the Institute presentation and that the number of hours daily be reduced. This change was instituted and the manual revision was done to space the material over five days of five hours daily.

The other significant result of Institute I was that a Pre\Post Test was developed for days two, three and four of the Institute. The test was administered before and at the end of each day (Appendix M). Once the results were analyzed for Institute I and the format of the Institute was expanded to five days from four it was decided by project staff to develop one Pre/Post Questionnaire (Appendix M) to be administered at the beginning and end of each day for Institute II to cover specific information discussed on that day. This proved to be unsatisfactory in terms of data collection as well as in terms of timing and so the following four Institutes had a Pre Test at the beginning of day 1 and a Post Test at the end of Day 5. The information covered in this Pre/Post Questionnaire reviewed all content discussed in the five days of the Institute. The final Pre/Post Questionnaire was discussed in Section V under the heading Institute Evaluation and can be found in Appendix M. This has yielded data that will be discussed in Section VII on Findings.

Originaliy, the Institutes were designed to be interdisciplinary in order to reflect the mandate of P.L. 99-457 to train across disciplines. Institute III was held in June, 1992 for members of St. John's University Department of Speech and Language Pathology and Audiology. This Institute proved to be very difficult because of the lack of interdisciplinary focus of participants. It was decided by project staff that another Institute for just one discipline would not be held again. Additionally, this specific department was in transition during the time of the Institute from one Chair to another (with both individuals participating in the Institute) and this lead to some disagreement about follow-up tasks and focus. As a result, with the exception of some inclusion of material into the coursework of the participants there was cooperation with follow-up activities.

VII. FINDINGS

During the Institute, a number of evaluation tools were used to document the effects of the Institute and follow-up phase of training. These were discussed in Section VI, Model Description. This section will discuss the project findings. There were six Higher Education Faculty Institutes held during the course of the three years of this project with follow-up activities for each of the participants. The following is a description of each individual Institute followed by an overall summary of Institutes I-VI.

INSTITUTE I

The first Higher Education Faculty Institute was held on July 8, 12, 19 and 22, 1991. Each session lasted for 7 hours and was held at Westchester Institute for Human Development. There were nine participants in this Institute representing nursing, infant and parent education, occupational therapy, early childhood, speech pathology and audiology, social work, and physical therapy. Table II presents a summary of participant demographics for Institute I.

Motivation Questionnaire

The primary motivator for participation was to integrate the principles of early intervention into the curriculum (mean=3.33). The other important motivators were to infuse best practice of early intervention into the curriculum (mean=3.00), to meet other higher education faculty (mean=3.00), and to become better informed about national issues in early intervention (mean=2.89). Participants also felt that they wanted to become better informed about best practice in early intervention (mean=2.67). The most problematic aspect of participation was the number of hours required for participation (mean=1.44).

Consumer Satisfaction Scale

Participants found lectures, reading materials and group discussions helpful. The primary concern held by all participants was there was not enough time for adequate discussion of materials.

Consumer Satisfaction forms (Appendix L) were utilized after each session to provide feedback about participants reactions to achieving goals and objectives set forth by the Institute. The mean score in the content, presenter and logistics sections of the presentation was based on a 1 to 5 Likert Scale (1 = strongly disagree through 5 = strongly agree).

The mean scores for content on day one ranged from 3.5 to 4.7; Day II ranged from 3.6 to 5.0; Day III ranged from 4.0 to 4.7; and Day IV ranged from 4.1 to 4.8.

The mean scores for presenter on day one ranged from 3.5 to 5.0; Day II ranged from 4.6 to 5.0; Day III ranged from 3.8 to 4.8; and Day IV ranged from 3.8 to 4.8.

The mean score for logistics for day one ranged from 3.7 to 4.6; Day II ranged from 4.0 to 4.7; Day III ranged from 4.1 to 4.5; and Day IV ranged from 4.3 to 4.8.

Pre/Post Session Questionnaire

Identical Pre/Post session questionnaires were administered before and after Day II, III and IV. This was done in order to evaluate the participants retention of the information at the end of each of the last three sessions. Table III presents a comparison of these scores. The Pre-test mean for all days was 2.9 and Post-test mean 6.0 with the percent of change 3.1. This suggests that the improvement was significant (t=10.55).

INSTITUTE II

Two members of Institute II are members of the clinical faculty at New York University School of Education, Health, Nursing and Arts Professions (SEHNAP). As a result of their participation in Institute I and their involvement in an interdisciplinary Early Intervention Group (EIG) that meets at NYU they requested that the faculty of the Higher Education Faculty Institute conduct an Institute at NYU.

Institute II was held on January 23, 30 and February 13, 20, 27, 1992 at New York University for 10 participants. Of these 10 participants, two had participated in Institute I and were the liaison between the faculty of the Higher Education Faculty Institutes and the faculty at NYU. Table IV presents the participant demographics for Institute II. The information below reflects data collected on the 8 new participants from NYU.

Motivation Questionnaire

The primary motivation for participation in the Institute was to infuse best practice of early intervention into the curriculum (mean=2.88). Other motivators were to become better informed about best practice in early intervention (mean=2.75), and to become better informed about national issues in early intervention (mean=2.50). The most problematic aspect of participation in the Institute was the number of hours required (mean=2.25).

Consumer Satisfaction Scale

Participants found lectures, reading materials and group discussion extremely helpful. The primary concern held by all 8 participants was that there was not enough time for adequate discussion of materials. Day IV, devoted to IFSP was an attempt by project staff to address the need for group discussion.

Consumer Satisfaction forms (Appendix L) were utilized after each session to provide feedback about participants reactions to achieving goals and objectives set forth by the Institute. The mean score in the content, presenter and logistics sections of the presentation was based on a 1 to 5 Likert Scale (1 = strongly disagree through 5 = strongly agree).

The mean scores for content on Day I ranged from 4.1 to 5.0; Day II ranged from 3.8 to 4.4; Day III ranged from 3.5 to 4.4; Day IV ranged from 3.7 to 4.5; and Day V ranged from 4.2 to 4.6.

The mean scores for presenter on Day I ranged from 4.4 to 5.0; Day II ranged from 4.4 to 4.7; Day III ranged from 4.3 to 4.7; Day IV ranged from 4.2 to 4.4; and Day V ranged from 4.3 to 4.6.

The mean score for logistics for Day I ranged from 4.1 to 4.9; Day II ranged from 3.8 to 4.8; Day III ranged from 4.0 to 4.9; Day IV ranged from 3.9 to 4.5; and Day V ranged from 4.1 to 4.6.

Pre/Post Session Questionnaires

Identical Pre/Post session questionnaires were administered before and after each of the five sessions. This was done in order to evaluate the participants retention of information at the end of each day. Table V presents the results of the Pre/Post Test scores for the five days of the Institute. The only day in which the Pre/Post test scores were not significant was Day IV. The Pre-test mean was 3.8 and Post-test mean was 6.1 with the percent of change 2.2. This suggests the overall improvement was significant (t=9.5, p<.000).

INSTITUTE III

The third Higher Education Faculty Institute was held on June 1, 8, 15, 22, 23, 1992 at St. John's University, Jamaica New York. There were 7 participants attending this Institute. All 7 were from the Department of

Speech Pathology and Audiology. As all 7 members of this Institute were also private practitioners much of the discussion and focus was on how the new legislation and parent focus would impact their work. Additionally, as St. John's has a Speech and Language Clinic there was also discussion focused upon the role that this clinic might have in assessments, evaluations, as a service provider and how this would affect collection of fees. Table VI contains participant demographics for Institute III.

Motivation Questionnaire

The primary motivation for participation in the Institute was to infuse the principles of best practice in early intervention into the curriculum (mean=2.86). Additionally, participants wanted to become better informed about national issues in early intervention (mean=2.86), to understand the principles of early intervention (mean=2.86), and to integrate the principles of early intervention into the curriculum (mean=2.86). The most problematic aspect of participation in the Institute was the number of hours required (mean=2.25).

Consumer Satisfaction Scale

Participants found lectures, reading materials and group discussions helpful. The primary concern held by all 7 participants was that there was not adequate time for discussion of materials.

Consumer Satisfaction forms (Appendix L) were utilized after each session to provide feedback about participants reactions to achieving goals and objectives set forth by the Institute. The mean score in the content, presenter and logistics sections of the presentation was based on a 1 to 5 Likert Scale (1 = strongly disagree through 5 = strongly agree).

The mean scores for content on Day I ranged from 4.0 to 5.0; Day II ranged from 4.2 to 5.0; Day III ranged from 4.6 to 5.0; Day IV ranged from 4.5 to 4.8; and Day V ranged from 4.0 to 5.0.

The mean scores for presenter on Day I ranged from 4.6 to 5.0; Day II ranged from 4.8 to 5.0; Day III ranged from 4.8 to 5.0; Day IV ranged from 4.3 to 5.0; and Day V was 5.0.

The mean score for logistics for Day I ranged from 4.8 to 5.0; Day II ranged from 4.6 to 5.0; Day III ranged from 4.6 to 4.8; Day IV ranged from 4.8 to 5.0; and Day V was 5.0.

Pre/Post Session Questionnaires

Identical Pre/Post session questionnaires were administered before and after the Institute. This was done in order to evaluate the participants retention of the information at the end of each of the sessions. The mean score for the Pre Test across 5 participants was 15.2. The standard deviation of the Pre Test was 3.8. The mean score for the Post Test across 5 participants was 2.5. The standard deviation of the Post Test was 4.9. The Pre and Post scores of participants were significant (t=-6.70, p<.0003).

INSTITUTE IV

The fourth Higher Education Faculty Institute was held on July 6, 7, 8, 9, 10, 1992 at the Alumni House on the campus of New York Medical College. This group of faculty members represented 4 different colleges or universities in the New York metropolitan area. One participant had to drop out after Day I due to a family emergency. Table VII presents the participant demographics for Institute IV.

Motivation Questionnaire

The primary motivation for participation in this Institute was to infuse best practice of early intervention into the curriculum so that the information could be useful in teaching (mean=3.25). Additionally, participants indicated that they were highly motivated to participate in the Institute in order to become better informed about national issues in early intervention (mean=3.00), to become better informed about best practice in early intervention (mean=3.00), to meet other higher education faculty (means=3.00), and to integrate the principles of early intervention into the curriculum (mean=3.00). The most problematic aspect of participation in the Institute was the number of hours required (mean=2.25).

Consumer Satisfaction Scale

Participants found lectures, reading materials, knowledge of instructors and group discussion helpful. Participants uniformly found that the use of parents as co-teachers was an excellent teaching tool and commented that they would use parents in their classes. The primary concern for all 4 participants was that there was not adequate time for discussion of materials.

Consumer Satisfaction forms (Appendix L) were utilized after each session to provide feedback about participants reactions to achieving goals and objectives set forth by the Institute. The mean score in the content, presenter and logistics sections of the presentation was based on a 1 to 5 Likert Scale (1 = strongly disagree through 5 = strongly agree).

The mean scores for content on Day I ranged from 4.5 to 5.0; Day II ranged from 4.7 to 5.0; Day III ranged from 4.2 to 5.0; Day IV ranged from 4.7 to 5.0; and Day V ranged from 4.5 to 5.0.

The mean scores for presenter on Day I ranged from 4.7 to 5.0; Day II was 5.0; Day III ranged from 4.7 to 5.0; Day IV was 5.0; and Day V was 5.0.

The mean score for logistics for Day I ranged from 4.7 to 5.0; Day II ranged from 4.5 to 5.0; Day III ranged from 4.7 to 5.0; Day IV ranged from 4.7 to 5.0; and Day V ranged from 4.7 to 5.0.

Pre/Post Session Questionnaires

Identical Pre/Post session questionnaires were administered before and after the Institute. This was done in order to evaluate the participants retention of the information at the end of the Institute. The mean score for the Pre Test across the 4 participants was 29.5. The standard deviation was 15.9. The mean score for the Post Test across the 4 participants was 61.7. The standard deviation was 11.5. The Pre and Post scores of participants were significant (t=7.4, p<.005).

INSTITUTE V

The fifth Higher Education Faculty Institute was held on September 18, 25, and October 2, 9, and 30, 1992. The first four sessions were held on the campus of Adelphi University, Garden City New York. The fifth sessions was held on the campus of New York Medical College, Valhalla, New York in order to accommodate Dr. Donna Noyes' participation in a review of New York State efforts on Part H.

The participants from Institute V were all members of the faculty at Adelphi University departments of Education, Nursing and Speech Arts and Communicative Disorders. Members of this institute were involved with Project Talk With Me an interdisciplinary project for early screenings for infants in collaboration with Winthrop University Hospital. Additionally, members of this Institute were also involved with the Hy Weinberg Center for Communication Disorders both sites became a major focus on follow-up for practicum sites for students. Table VIII contains the participant demographics for the members of Institute V.

Motivation Questionnaire

The primary motivation for participation in the Institute was to infuse best practice of early intervention into the curriculum (mean=3.0). Additionally, participants indicated that they were highly motivated to participate in the Institute in order to become better informed about best practice in early intervention (mean=2.86) in order to integrate the principles of early intervention into the curriculum (mean=2.86). The most problematic aspect of participation was the number of hours required (mean=2.33).

Consumer Satisfaction Questionnaire

Participants found lectures, reading materials, knowledge of instructors and group discussion very helpful. Participants uniformly found that the use of parents as co-teachers was an excellent teaching tool and commented that they would use parents in their classes as co-teachers. The primary concern for all participants was that there was not adequate time for discussion of materials.

Consumer Satisfaction forms (Appendix L) were utilized after each session to provide feedback about participants reactions to achieving goals and objectives set forth by the Institute. The mean score in the content, presenter and logistics sections of the presentation was based on a 1 to 5 Likert Scale (1 = strongly disagree through 5 = strongly agree).

The mean scores for content on Day I ranged from 4.2 to 5.0; Day II ranged from 4.8 to 5.0; Day III ranged from 4.7 to 5.0; Day IV ranged from 4.8 to 5.0; and Day V was 5.0.

The mean scores for presenter on Day I ranged from 4.6 to 5.0; Day II was 5.0; Day III ranged from 4.8 to 5.0; Day IV ranged from 4.8 to 5.0; and Day V ranged from 4.6 to 5.0.

The mean score for logistics for Day I ranged from 4.4 to 5.0; Day II ranged from 4.1 to 5.0; Day III ranged from 4.1 to 5.0; Day IV ranged from 4.0 to 5.0; and Day V ranged from 4.0 to 5.0.

Pre/Post Session Questionnaires

Identical Pre/Post session questionnaires were administered before and after the Institute. This was done in order to evaluate the participants retention of the information at the end of each of the sessions. The mean score for the Pre Test across the 7 participants was 16.7. The standard deviation was 4.3. The mean score for the Post Test across 5 participants (two did not attend the 5th meeting due to family emergencies and were given an individual session at another time) was 29.6. The standard deviation was 7.2. The Pre and Post scores of participants were significant (t=3.87, p<.018).

INSTITUTE VI

The sixth Higher Education Faculty Institute was held on January 8, 15, 22, 29 and April 16, 1993 at the Alumni House on the campus of New York Medical College, Valhalla New York. There were three participants in this Institute and the demographics can be found in Table IX. The last day of this Institute was held two months after the first four as New York State was completing the Standards and Procedures for the Early Intervention legislation and we felt that it was crucial for the participants to have the opportunity to have the most up to date information as possible regarding New York State efforts on Part H.

Motivation Questionnaire

Each participant was given the Motivation Questionnaire as described in Section VI. The primary motivation for participation in this Institute was to infuse best practice of early intervention into the curriculum so that the information could be useful in teaching (mean=3.00). Additionally, participants indicated high motivation to be involved in the Institute to better understand the principles of early intervention (mean=3.00), to meet other higher education facutly (mean=3.00), and to integrate the principles of early intervention into the curriculum (mean=3.00). The hope was that the information would be helpful in teaching (mean=3.00). The most problematic aspects of participation in the Institute was the number of hours required (mean=2.67).

Consumer Satisfaction Scale

Participants found lectures, reading materials, knowledge instructors and group discussion very helpful. They uniformly found that the use of parents as co-teachers was an excellent teaching tool and commented that they would use parents in their classes as co-teachers. The primary concern for all 3 participants was that there was not adequate time for discussion of all materials.

Consumer Satisfaction forms (Appendix L) were utilized after each session to provide feedback about participants reactions to achieving goals and objectives set forth by the Institute. The mean score in the content, presenter and logistics sections of the presentation was based on a 1 to 5 Likert Scale (1 = strongly disagree through 5 = strongly agree).

The mean scores for content on Day I ranged from 4.8 to 5.0; Day II ranged from 4.4 to 4.7; Day III was 5.0; Day IV ranged from 4.6 to 4.9; and Day V ranged from 4.8 to 4.9.

The mean scores for presenter on Day I ranged from 4.9 to 5.0; Day II was 5.0; Day III ranged from 4.0 to 4.4; Day IV ranged from 4.9 to 5.0; and Day V ranged from 4.9 to 5.0.

The mean score for logistics for Day I ranged from 4.9 to 5.0; Day II ranged from 4.0 to 4.6; Day III ranged from 4.0 to 4.6; Day IV ranged from 4.0 to 4.2; and Day V ranged from 4.9 to 5.0.

Pre/Post Session Questionnaire

Identical Pre/Post session questionnaires were administered before and after the Institute. This was done in order to evaluate the participants retention of the information at the end of each of the sessions. The mean score for the Pre Test across the 3 participants was 27.0. The standard deviation was 10.39. The mean score for the Post Test across the 3 participants was 41.0. The standard deviation was 19.08. The Pre and Post scores of participants were significant (t=1.99, p<.187).

Dr. Donna Noyes from New York State Department of Health, Bureau of Child and Adolescent Health in Albany joined the group on the last day of each of the six Institutes. Members of prior Institutes were always invited to attend. Dr. Noyes participation was designed to have a representative from New York's lead agency to discuss the State's efforts in relation to Part H. As New York State passed the Early Intervention legislation in July, 1992 and developed the Standards and Procedures during the subsequent year participants were quite fortunate to be able to provide the most current information about the legislation.

SUMMARY OF FINDINGS FROM INSTITUTES I-VI

Data from the six Higher Education Faculty Institutes was analyzed using SPSS-PC. Since the project utilized Pre/Post Questionnaires to evaluate each Institute there is much data available to assess the effectiveness of the project.

Participant Demographics

During the course of the three years of the project six Higher Education Faculty Institutes were held. There were 38 participants enrolled in Institutes I-VI representing faculty from 15 colleges and universities in the New York metropolitan area. The 38 participants represented the disciplines of speech pathology (10 participants), nursing (7 participants), occupational therapy (5 participants), special education (3 participants), early childhood education (4 participants), audiology (3 participants), and one each from adaptive physical education, recreation and leisure, psychology, physical therapy, social work and infant and parent development. The range of teaching experience was from 6 months to 30 years with fifteen participants having more than 15 years of teaching experience in higher education. Thirteen participants had no prior formal training and 25 had prior training in the birth to three population. Of the 38 participants 27 had earned doctorates in the discipline in which they were teaching.

Appendix S contains a list of participants of each Institute and their colleges or universities. Table X contains the participant demographics for the six institutes. Table XI contains the number of participants by colleges or universities for Institutes I-VI. Table XII contains the number of professionals trained by discipline from Institutes I-VI.

Pre/Post Questionnaire

Pre/Post Questionnaires were administered to each participant to Test the content of the training pre and post Institute. The development of a Pre/Post Questionnaire evolved over time so that Institutes I and II had Pre/Post Questionnaires administered before and after each session dealing only with the content of each day. It was decided by project staff to revise the procedure and use only one Pre/Post Questionnaire before and after each Institute. This was implemented for Institute III and continued for the subsequent four Institutes. Table III presents the Pre/Post scores for Institute I and Table V for Institute III. Table XIII is a summary for Institutes III-VI of Pre/Post Test scores with t-tests and probability.

The mean for all Pre Test scores was 31.10 with a standard deviation of 10.66. The mean for all Post Test scores was 57.23 with a standard deviation of 11.93. In trying to understand the correlations of the gain in Pre/Post Test scores the factors that suggest an effective gain indicate that there was a significant correlation between the number of years that a participant spent teaching in higher education and the gain in Post Test scores. This finding correlated at -.3924 with a significance of .05.

Additionally, based upon a multiple regression analysis of all the variables there was a 39% variation in gains on the Post Test. The variable that accounted for these gains were found in two motivation factors. Item number six, "to meet higher education faculty in other disciplines", had a significant correlation of .4874. Item number 11, "because my curriculum lacks information on early intervention", had a significant correlation of -.4180.

Motivation Questionnaires

Table XIV presents a summary of all Motivation Questionnaires Institutes I-VI with means for the items of importance and problems in Institute attendance. The factor chosen by the majority of the participants as the reason for attending the Institute was to meet higher education faculty in other disciplines (mean=3.00). The next highest factors (means=2.7 to 2.9) reported being a lack of information about early intervention. The only problem addressed by the participants was the number of hours required for attendance. In separate comments all participants indicated that this was a problem simply because the demands of teaching and advising students was so great that it was difficult to find five days to devote to the Institute. These results are consistent with the principles of adult learning that were the basis of the development of the trainings. It confirms the principle that information seen as useful and relevant for an individual is critical in the ultimate effectiveness of training.

Consumer Satisfaction Questionnaires

Feedback received from Institute participants indicated that participants found lectures, reading materials, knowledge of instructors and group discussions helpful. Of particular importance was the use of parents as co-teachers. Table XV shows the overall mean Consumer Satisfaction by Institute with a range of means from 4.1 to 4.6. This demonstrates that participants were satisfied with the Institutes, felt that presenters were knowledgeable and prepared and that the presenters valued the input of participants. Appendix L contains the Consumer Satisfaction Questionnaire and it is discussed in Section VI, Model Description.

Outcomes

Table XVI presents a summary of the primary motivators for participation in the Institute, the Pre/Post Test Scores, the length of follow-up and the products. Some participants are working on more than one product, thus accounting for N=47. The following is a summary of those products:

Product	Number
* Infuse information into coursework	12
* Design new sequence in early intervention across discipline	11
* Develop practicum sites	7
* Infuse best practice into coursework	6
* Design specialty course across discipline	5
* Develop new course	3
* Convene community meeting to address early intervention issues within the university	3

Of most importance to the evaluation of the model, was the impact on college/university curricula during the follow-up phase of training. Outcomes in this area included activities such as participants meeting with their program chair, Dean and other faculty to develop new early intervention content for courses and programs within the university or college; participants designing a conference for faculty at their university; and participants developing a personnel preparation grant to fund new programs.

VIII. PROJECT IMPACT

As can be seen by the above data this project was able to successfully demonstrate a model to enhance the capacity of Higher Education to appropriately prepare students to provide early intervention services in infants and toddlers with disabilities and their families. The faculty who attended the training were able to institute system wide change within their personnel preparation programs. The project instructors were able to impact a large and diverse group of faculty from a variety of institutions of higher education.

The success of the model can be attributed to a variety of factors. The primary factor was the motivation displayed by the faculty participants. The participants all volunteered for this project and in doing so demonstrated a commitment to the time necessary to fulfilling both the initial training phase and follow-up activities. The accessibility and flexibility of the Institute may have assisted in the recruitment and retention of the participants. However, the intrinsic motivation of all 38 participants to acquire knowledge and develop new skills was the best predictor of the project outcome. A second component of the project which may have contributed to its success was the training methodology used. The training was individually adapted to meet the participants' needs, and the instructors served as facilitators and coaches throughout the Institutes and follow-up process. Finally, the New York State Part H office staff of the Department of Health visibly demonstrated support for the project faculty and participants by attending and presenting during each Institute on the state system of early intervention.

Products

The products developed by project staff were an Institute Training Manual, Curriculum and Bibliography. In addition evaluation tools developed by project staff, a Contract, Participant Information Sheet, Motivation Sheet, Consumer Satisfaction Scale and Pre/Post Questionnaires were all utilized for this project. They are all available by contacting Dr. Mary Beth Bruder, Associate Professor, University of Connecticut, School of Medicine, Department of Pediatrics, 309 Farmington Avenue, Farm Hollow Suite A200, Farmington, CT. 06032.

Products of individual participants (course outlines, proposed new courses) can be found in Appendix O as part of the individual case studies of each participant.

Dissemination Activities

The purpose of the dissemination component of the project is to translate project goals and objectives into products, training content, and practices. During the course of the project there were a number of activities arranged by participants in which project faculty were involved. Some of these were college wide programs from students and field instructors, participation in cross disciplinary faculty presentations, and public meetings held in best practice in early intervention.

In addition, project faculty were involved in the following activities designed to disseminate project findings:

1. On July 15-17, 1991 New York University and MRI of New York Medical College co-sponsored the Third Annual Summer Institute. The purpose of this course was to respond to the continued need for both preservice and inservice training to accomplish effective early intervention

services for infants at risk that are family-directed, coordinated, community-based and interdisciplinary. Dr. Bruder and Dr. Lippman offered a Faculty Institute on current trends within and across disciplines based upon experience during the first year of the project.

2. Project staff participated in a Poster Presentation describing the project at the 7th Biennial National Training Institute of the National Center for Clinical Infant Programs on December 6, 1991. The presentation was entitled "Faculty Development in Early Intervention." A poster was displayed, brochures distributed and faculty was present to respond to questions.

3. On March 1, 1993 Dr. Lippman presented a paper entitled "Social Work Education and Early Intervention Services: Implications for Education and Practice" at the 39th Annual Program Meeting of the Council on Social Work Education. This paper described the work of the Higher Education Faculty Institutes in training faculty across disciplines in best practice in early intervention.

Publications

Drs. Bruder, Lippman and Bologna have submitted an article to the Journal of Early Intervention entitled "Personnel Preparation in Early Intervention: Building Capacity for Program Expansion Within Institutions of Higher Education" describing the three years of the project activities and findings.

Implications of Findings

States that are developing their comprehensive system of personnel development (CSPD) should be able to utilize the results of this demonstration to increase the availability of preservice personnel preparation programs in early intervention. While factors such as time, cost and incentive (Gallagher, 1989; Gallagher & Staples, 1990) must be acknowledged, faculty must be offered opportunities to retool and expand their knowledge and skills in order to begin the process of improving the availability of Part H personnel preparation. As more colleges and universities do this, across disciplines, services to children with disabilities and their families will improve.

IX. FUTURE ACTIVITIES

There are two future activities planned that have evolved as an outgrowth of this project. The first is the Northeast Regional Higher Education Institutes on Early Intervention. This is a grant funded project to provide higher education faculty training across 12 states in the Northeast.

In collaboration with STARN (Statewide Technical Assistance Resource Network) the Northeast Regional Higher Education Institutes on Early Intervention is planning 6 higher education trainings for August and September 1993 for higher education faculty in the New York City/Long Island area, Westchester and Putnam areas, and the Rochester/Syracuse area. The focus of these trainings will be on providing services in natural environments and working on teams. The format will have someone from the New York State Department of Health providing information about the Early Intervention legislation and then a panel of providers and parents discussing the impact of the New York State legislation on service provision.

These trainings are scheduled as follows:

September 13, 1993	CUNY Graduate Center-New York City
September 28, 1993	Sheraton Hotel, Smithtown, Long Island
September 10, 1993	Westchester Institute for Human Development
September 17, 1993	Queensbury Hotel, Glens Falls
August 30, 1993	Syracuse
September 2, 1993	Rochester

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Meisels, S., Harbin, G., Modigliani, K., & Olson, K. (1988). Formulating optimal state early intervention policies. Exceptional Children, 55(3), 159-165.

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Smith, B., & Powers, C. (1987). Issues related to developing state certification policies. Topics in Early Childhood Special Education, 7(3), 12-23.

Woodruff, G., McGonigel, M., Garland, C., Zeitlin, S., Chazkel-Hochman, J., Shanahan, K., Toole, A., & Vincent, L. (1985). Planning programs for infants. Chapel Hill, NC: University of North Carolina.

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Professional Experience:

1988-Pres.	Associate Professor, Department of Pediatrics, University of Connecticut School of Medicine, Farmington, CT
1990-Pres.	Director, Family Support/Early Intervention, Westchester Institute for Human Development, New York Medical College, Valhalla, NY
1988-1989	Director, Pediatric Research and Training Center, Department of Pediatrics, University of Connecticut School of Medicine, Farmington, CT
1988	Associate Director, Pediatric Research and Training Center, Department of Pediatrics, University of Connecticut School of Medicine, Farmington, CT
1986-1987	Training Director, Pediatric Research and Training Center, Department of Pediatrics, University of Connecticut School of Medicine, Farmington, CT
1985-1986	Early Intervention Co-coordinator, Virginia Institute on Developmental Disabilities, Virginia Commonwealth University, Richmond, VA
1983-1986	Assistant Professor of Special Education, Coordinator of Early Childhood Special Education, Virginia Commonwealth University, Richmond, VA
1983	Instructor, Special Education, Severely Handicapped, University of Oregon, Eugene, Oregon
1981-1983	Coordinator, Parent Education Program, Infant Monitoring Project, University of Oregon, Eugene, Oregon
1980-1981	Coordinator, Parent Education Program, Infant Monitoring Project, University of Oregon, Eugene, Oregon
1980-1981	Coordinator, Early Intervention Demonstration Program, University of Oregon, Eugene, Oregon
1980-1982	Training Supervisor, Early Childhood-Special Education/Severely Handicapped Masters Program, University of Oregon, Eugene, Oregon
1979-1980	Research Assistant, Center on Human Development, University of Oregon, Eugene, Oregon
1976-1979	Classroom Teacher, Ira Allen Essential Early Education Center, Burlington Public Schools, Burlington, Vermont
1878	Intern, Bureau of Education of the Handicapped, United States Department of Health, Education and Welfare

Selected Professional Activities:

1991	Testified before the U.S. House of Representatives Subcommittee on Select Education of the reauthorization of Part H of the Individuals with Disabilities Act
1989-1990	Promotions Committee, Department of Pediatrics, University of Connecticut School of Medicine
1988-1989	Residency Curriculum Committee, Department of Pediatrics, University of Connecticut School of Medicine
1985-1986	Chair, Research Committee, School of Education, Virginia Commonwealth University
1979	Testified before U.S. Senate Subcommittee on Labor and Education on the reauthorization of P.L. 94-142, The Education of All Handicapped Children Act

Education:

University of Oregon Eugene, Oregon	Ph.D.	1983	Developmental Disabilities Early Childhood
University of Oregon Eugene, Oregon	M.S.	1981	Developmental Disabilities Early Childhood
Trinity College Burlington, Vermont	B.A.	1976	Psychology-Special Education

Publications:

Bricker, D., Bailey, E., & Bruder, M. (1984). The efficacy of early intervention and the handicapped infant: A wise or wasted resource? In M. Wolraich & D. Roth (Eds.), **Advances in developmental and behavioral pediatrics, (Vol. 5)**. Greenwich, CT: JAI press.

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Bruder, M., & Bologna, T. (1993). Collaboration and service coordination for effective early intervention. In W. Brown, S.K. Thurman, & L. Pearl (Eds.), **Family-centered early intervention with infants and toddlers: Innovative cross-disciplinary approaches**. Baltimore, MD: Paul H. Brookes Publishing Co.

Bruder, M., & Bricker, D. (1985). Parents as teachers of their children and other parents. **Journal of the Division of Early Childhood, 9**, 136-150.

Bruder, M., Brinckerhoff, J., & Spence, K. (1991). Meeting the personnel needs of P.L. 99-457: A model interdisicplinary institute for infants specialists. **Teacher Education and Special Education, 14**(2), 77-87.

Bruder, M., & Cole, M. (1991). Critical elements of transition from NICU to home and follow-up. **Children's Health Care, 20**(1), 40-49.

Bruder, M., Deiner, P., & Sachs, S. (1990). Models of integration through early intervention/child care collaborations. **Zero to Three, 10**(3), 14-17.

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Bruder, M., & McCollum, J. (1992). Analysis of state application for year 4 planning for the personnel components of Part H of P.L. 99-457. **NEC*TAS Notes, 2.**

Bruder, M., & McLean, M. (1988). Personnel preparation for infant interventionists: A review of federally funded projects. **Journal of the Division for Early Childhood, 12**(4), 299-305

Bruder, M., & Nikitas, T. (1992). Changing the professional practice of early interventionists: An inservice model to meet the needs of Public Law 99-457. **Journal of Early Intervention, 16**(2), 173-180.

Bruder, M., & Walker, L. (1990). Discharge planning: Hospital to home transitions for infants. **Topics in Early Childhood Special Education, 9**(4), 26-42.

Goodall, P., & Bruder, M. (1986). Parents and the transition process. **The Exceptional Parent, 16**(2), 22-28.

Lazarri, A., & Bruder, M. (1988). Teacher evaluation practices in early childhood special education. **Journal of the Division of Early Childhood, 12**(3), 238-245.

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McLean, M., Burdge, N., Bruder, M., & McCormick, K. (1987). An investigation of the validity and reliability of the Battelle Development Inventory with a population of children younger than 30 months of age with identified handicapped conditions. **Journal of the Division for Early Childhood, 11**(3), 238-246.

Professional Organizations:

Chair, Connecticut Higher Education council for Infant Intervention, 1988-1990

Personnel Preparation Task Force, Connecticut Birth to Three Interagency Coordinating Council, 1989-Present

Advisory Board, Least Restrictive Environment Training Standards, Connecticut State Department of Education, 1988-1989

Co-Chair, Connecticut Council for Exceptional Children, Division of Early Childhood 1987-1988

Chair, Virginia Early Childhood Special Education, Higher Education Council, 1984-1986

Chair, Virginia Early Intervention Network, 1984-1986

Grant Experiences:

Director, Physicians Model Training Project, U.S. Department of Education, 1992-1995

Director, Social Competency Experimental Project, U.S. Department of Education, 1992-1995

Co-Director, Higher Education Faculty Inservice Project, U.S. Department of Education, 1992-1995

Director, M.P.H. Program for Nurses focusing on Early Intervention, U.S. Department of Education, 1991-1994

Director, Faculty and Related Services Inservice Project, U.S. Department of Education, 1990-1993

Director, Birth to Three Inservice Outreach Project, U.S. Department of Education, 1990-1993

Director, Niños Especiales Outreach Project, U.S. Department of Education, 1990-1993

Director, Interdisciplinary Masters Degree Program for Infant Specialists, U.S. Department of Education, 1990-1993

Director, Masters Degree Program for OT/PT in the Schools, U.S. Department of Education, 1990-1993

Director, Standards for Community-Based Services for Children with Complex Medical Needs, U.S. Department of Education, 1989-1991

Director, Partners for Policymaking, Connecticut Developmental Disabilities Council, 1990-1991

Director, Policy Institute for Examining Barriers to Home Care, U.S. Department of Education, 1989-1991

Director, Birth to Three Integrated Service Delivery Project, U.S. Department of Education, 1989-1992

Director, Multidisciplinary Inservice Training for Day Care Providers, U.S. Department of Education, 1989-1992

Director, Personnel Preparation Project for Infant Specialists, U.S. Department of Education, 1989-1992

Director, Integrated Preschool Service Delivery Project, U.S. Department of Education, 1988-1991

Director, Day Care Training Project, Connecticut Department of Human Resources, 1987-1990

Director, Birth to Three Inservice Demonstration Project, U.S. Department of Education, 1987-1990

Director, Personnel Preparation Institute for Interdisciplinary Infant Specialists, U.S. Department of Education, 1987-1990

Director, Niños Especiales Outreach Project, U.S. Department of Education, 1986-1989

Director, Personnel Preparation Project for Early Childhood and Infant Special Educators, U.S. Department of Education, 1984-1986

Director, Developmentally Disabled Parent-to-Parent Project, Virginia Developmental Disabilities Program, 1984-1986

Director, Parent-to-Parent Monitoring Program, U.S. Department of Education, 1984-1987

Awards:

First Lady's Research Grant, Virginia Commonwealth University, 1983[1]

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CAROL LIPPMAN, PH.D.

Professional Experience:

1990 - Present	Adjunct, Assistant Professor, School of Health Sciences, New York Medical College, Valhalla, New York
1987 - Present	Assistant Professor Social Work, Mercy College, Dobbs Ferry, N.Y.
1985 - 1990	Adjunct, Assistant Professor, Infancy Program, Bank Street College of Education New York, New York
1985 - 1990	Adjunct, Assistant Professor, Graduate School of Education, College of New Rochelle, New Rochelle, New York.
1984 - Present	Psychotherapist - Private Practice, New Rochelle, New York
1984 - 1991	Consulting Psychotherapist, Center for Preventive Psychiatry, White Plains, New York.
1984 - 1988	Adjunct, Hunter College School of Social Work, New York, New York.
1983 - 1987	Executive Director, Exchange Club Child Abuse Prevention Center of New York, White Plains, New York.
1978 - 1983	Clinical Director, New York Medical College, Center for comprehensive Health Practice, New York, New York.
1976 - 1978	Child Development Specialist, Jewish Board of Family and Children's Services, Infant Care Unit, New York, New York.
1976 - 1977	Teacher-Therapist, Rockland County Mental Health Complex, Infant Toddler Team, Pamona, New York
1976 - 1977	Teacher, Seaton Day Care Center, New York, New York.
1976	Teacher, New Rochelle Pre-K program,
1970 - 1976	Remedial Reading Teacher, Jewish Child Care Association, New York, New York.
1964	Case Aide, Mobilization for Youth, New York, New York.

Education:

New York University	PH.D.	1990	Social Work
Hunter College School of Social Work	M.S.W.	1983	Social Work
Bank Street College of Education	M.A.	1978	Infant & Parent Education
Teachers College, Columbia University	M.A.	1967	Developmental Psychology
Hunter College	B.A.	1965	Psychology

Certification

1978	New York State Early Childhood N-6.
1983	Certified Social Worker

Publications:

Lief, N., Taleporos, B., Lippman, C., "A Curriculum for Parenting Classes" - **National Institute on Drug Abuse Monograph,** February 1979.

Lippman, C., Calman, N., Lightfoot, H., **"The PACT Program: A Comprehensive Approach to Child Maltreatment,"** Proceedings of the 4th Annual conference on Child Abuse and Neglect, October, 1979.

Lightfoot, H., Lippman, C., Suffet, F., **"The Parent and Child Treatment Program: The Treatment of Child Abuse and Neglect,"** NCCAN Monograph, April, 1983.

Lippman, C., Drosnin, B., **"Teen Parent Services: Prevention of Child Abuse and Neglect,"** NCCAN Monograph, January, 1986

Professional Organizations:

National Association of social workers, 1983 - Present
American Orthopsychiatric Association, 1983 - 1988.
National Association for the Education of Young Children, 1983 - 1988.
Chair, Professional and educational Sub-committee of the Task Force on Child Abuse and Neglect, Mental Health Association of Westchester, 1984 - 1986.
Chair, Advisory Board, Parents Anonymous of Westchester County, 1984-1988.

Grant Experience:

Principal Investigator, Parent Aide Programs in Child Abuse and Neglect Prevention, Department of Health and Human Services, NCCAN, 1984-85

Principal Investigator, Prevention of Child Maltreatment by Teen Parents, Department of Health and Human Services, NCCAN, 1985 - 1986.

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THERESA M. BOLOGNA, Ed.D.

Professional Experience:

1990 - Present	Projects Coordinator, Adjunct Assistant Professor, Department of Early Intervention, MRI, New York Medical College, Valhalla, New York.
1989 - 1990	Adjunct, Assistant Professor, Fordham University, School of Graduate Education and Psychology, New York City, New York.
1988 - 1990	Program Coordinator, These Our Treasures, Bronx, New York
1984 - Present	Guest Lecturer, Workshop Coordinator, Clinic Supervisor, Department of Special Education, Teachers College, Columbia, New York, N.Y.
1986 - 1988	Parent Support Coordinator, New York League for Early Learning, Bronx, New York.
1981 - 1986	Early Childhood Special Education, Stamford Public Schools, Stamford, Connecticut.
1979 - 1981	Social Work Consultant, Stamford Public Schools, Stamford, Conn.
1979	Assistant teacher in Early Childhood Special Education, Greenwich Public Schools, Greenwich, Connecticut
1977 - 1978	Adjunct Assistant Professor, Fordham University, School of Social Service, Tarrytown, New York.
1975 - 1978	Adjunct Assistant Professor in Social Work, Elizabeth Seton College, Hastings, New York.
1967 - 1970	Psychiatric Social Worker, Westchester County Mental Health Clinic, Mount Vernon, New York.

Selected Professional Activities:

1989 - Present	Board of Directors, Connecticut Association for Children with Learning Disabilities, Norwalk, Connecticut.
1988 - Present	Consultant, Early Childhood Special Education, St. Saviour's Nursery School, Old Greenwich, Connecticut.
1990 - 1991	New York State Regional Planning Group for Personnel Preparation, Westchester, Rockland, Putnam.

Education:

Teachers College, Columbia University New York, New York	Ed.D.	1988	Special Education Early Childhood
Fairfield University Fairfield, Connecticut	C.A.S.	1981	Special Education Learning Disabilities
Fordham University New York, New York	M.S.W.	1967	Social Work Case Work
Mercy College Dobbs Ferry, New York	B.A.	1965	Psychology Biology

Certification

Standard Special Education Teacher, Connecticut
Certified Social Work, New York

Publications:

Bologna, T.M. (submitted for publication) **A framework for parent-professional communication.**

Bologna, T.M., Pittenger, M., Baitler, S. (1989) **Combining the psychoeducational and psychosocial components of child development and family dynamics in early intervention.** Paper presented at the Boston Institute for the Development of Infants and Parents conference, November 5, 1989.

Bologna, T.M., (1988). **The role of social work in the field of developmental disabilities.** Paper presented at the Seminar for Social Work Fellows, Yale Child Study Center, November 12, 1988.

Bologna, T.M., (1988). **Parent-Professional Communication.** Presentation at the annual conference of connecticut Parent Association for the Blind and Visually Impaired.

Bologna, T.M., (1987). Review for "The Reading Shelf" of the text, **Parent education for Early Childhood** by C. Z. Cataldo. **Teachers College Record, 89. (4).**

Bologna, T.M., (1981). **Pupil personnel services, Preventive Intervention Program (PIP), 1980 - 81.** Unpublished manuscript, Stamford Public Schools, Stamford, Connecticut.

Zelevansky, E., Doyle,L., Bologna, T.M., Finkel, E., (1979). Presentation on the **Preventive Intervention Program** at the annual conference of the Connecticut Association of Children with learning Disabilities.

Professional Organizations:

Council for Exceptional Children
Parliamentarian, Chapter 329, 1988-89.
Scholarship Chairman, 1987-88
Division for Early Childhood, member

Grant Experience:

Coordinator, Personnel Preparation Project for Infant Specialists, United State Department of Education, 1990-91.

Coordinator, Personnel Preparation Project for Occupational and Physical Therapists in Schools, United States Department of Education, 1990-91

Coordinator, New York State Technical Assistance Project in Higher Education Training in Early Intervention, 1990-1991.

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APPENDIX C

Minutes of Meeting December 4, 1990

I - **Introductions**

II - Dr. Mary Beth Bruder presented background information about the **Comprehensive System of Personnel Development (CSPD) process.**

A. There is no uniform compliance with PL 99-457 throughout the country. Many states (New York included) are in the process of preparing a CSPD for the Federal Government to review and analyze.

B. The first step is to identify needs in each state and create a plan of intervention to establish guidelines for practice:

1. description of a CSPD process
2. needs assessment of preservice and inservice training
3. definition of training content of preservice and inservice education.
4. identification of personnel standards; definition of profession or discipline, highest requirement in state (highest entry-level academic degree needed for State approval or recognition, certification, licensure, or registration)
5. policies and procedures relating to the establishment and maintenance of standards for faculty retraining.
6. identification of steps to be taken to bring all personnel into compliance with highest standards requirements.

III - Professional Disciplines were asked to analyze **the competencies unique to each discipline involved in early intervention**

A. NURSING
   1. broad focus on health vs. illness
   2. focus on strengths vs. problems
   3. reciprocal interaction-viewing family within the context of the environment

B. NUTRITION
   1. knowledge of nutritional requirements for normal growth and development
   2. knowledge of nutritional requirements for specific diseases.
   3. develop integrated nutrition care plan specific for individual needs

C. EDUCATION
   1. knowledge of the development of cognition
   2. ways of implementation designed to facilitate development of cognition.

D. PSYCHOLOGY
   1. knowledge of human development both normal and abnormal
   2. knowledge of how people learn
   3. learning across cognition, social interaction
   4. knowledge of assessment and intervention

E. SOCIAL WORK
  1. knowledge of family systems
  2. knowledge of human behavior in the social environment

F. PHYSICAL THERAPY
  1. knowledge of neuro-musculoskeletal system and cardiopulmonary system-especially those that are pathological
  2. knowledge of motor development with a focus on quality of movement as well as attainment of milestones
  3. knowledge of medical issues relating to infants and children and the effect on motor development
  4. knowledge of environmental adaptions as well as assistive devices
  5. ability to physically handle infants with pathological muscle tone, feeding problems etc.

G. SPECIAL EDUCATION
  1. identified other competencies:
    a. multicultural awareness
    b. observation, recording, reporting
    c. detailed normal and abnormal development (especially 0-3)
    d. adult education ie. working with and teaching other adults
    e. curriculum and environmental design
    f. basic health and nutrition: mental and physical
    g. family issues
    h. knowledge of low incidence and medically fragile populations
    i. awareness of technology
    j. policy and public law, leadership and basic supervision

IV. The afternoon session was devoted to a discussion about **integrating knowledge** regarding the issues common to all professions and whether higher education faculties were ready to so this. The primary issue discussed was what competencies are common to all disciplines?

a. **involving parents** in the process of training professionals was seen as crucial as they are seen by all disciplines as the experts in family centered intervention.

b. **team process** was seen as critical in family-centered early intervention. The definitions of the difference in the use of interdisciplinary, multidisciplinary and transdisciplinary team process ensued. Multidisciplinary refers to each discipline relating to the client independently, interdisciplinary refers to a higher level of intervention in which the disciplines remain self contained but utilize the team approach and transdisciplinary refers to the overlap between professionals and families. How does the family "fit" on the team?

V. **Faculty readiness**: Are higher education faculty ready for early intervention training to be integrated into their curriculum? The feeling of the group was that the faculty are ready in the following ways:

A. NURSING
   1. readiness is related to clinical area
   2. ready for focus on family, "normal" functioning
   3. preparation on undergraduate level poses most problem since there is little time for additional material in the curriculum
   4. recommendation that early intervention issues be integrated into existing curricula

B. OCCUPATIONAL THERAPISTS
   1. assess ADL's
   2. asses oral motor status, ocular motor status, fine motor/perceptual motor functioning, needs of family and child regarding above
   3. recommends/utilizes appropriate adaptive equipment
   4. trains family in intervention techniques that are appropriate in the home

C. SOCIAL WORK
   1. assesses financial, medical, educational and social needs
   2. provides support to family
   3. intakes/discharges
   4. linkages for integrency coordinations

VI. The following issues were raised as possible **obstacles** to family centered early intervention into higher education faculty. The group agreed that further attention must be paid to these issues.

A. certification and the problems that it creates for faculties in terms of integration of new material, support from administration, deans, department heads for early intervention addition to the curricula
B. retraining existing faculty
C. paradigm shifts-working across disciplines with comfort and respect, inclusion of families, participation effectively in teams
D. supervision
E. training of paraprofessionals, day care providers
F. existing philosophy, strong sense of self of profession to be able to collaborate successfully

VII. **Recommendations**

a. certification guidelines need to be evaluated
b. role of continuing education, preservice and

inservice needs must be met

c. family members must be an integral part of faculties

Summary

This meeting was very productive in the identification of roles of the disciplines identified in P.L. 99-457 in family centered early identification. There appears to have been agreement among the participants that there are areas in the training of individual professional groups that are unique and areas that the professions have in common in order to meet the spirit and intent of P.L. 99-457. Clearly, the role of higher education faculty is crucial in being able to implement early intervention material into the curriculum of their individual disciplines.

COURSE WORK IN EARLY INTE

As part of the follow up of the Higher Education Consortium on Training avai five minutes of your time to complete the following items and return to:

Dr. Theresa M. Bologna, Projec
Early Intervention Program
MRI, Cedarwood Hall
Valhalla, New York 10595

At ______________________________
(training program; college, uni

Training is available for ______________________________
(disciplines)

Degree Level: associates_______ bachelors_______ master

Certification: yes_______ no_______

Please list course work or part of course (approximate hours)_ that pertains

Course title	Brief description	Full course/appr

(continue on other side if

Thank you!

APPENDIX D

Family Support / Early Intervention
MRI / Institute for Human Development
Cedarwood Hall, Room 426
Valhalla, NY 10595-1689

Family Support / Early Intervention
MRI / Institute for Human Development
Cedarwood Hall, Room 426
Valhalla, NY 10595-1695

Higher Education Faculty Institute

The Higher Education Faculty Institute is funded by a model demonstration grant from the U.S. Department of Education, Office of Special Education Programs, Early Education Program for Children with Disabilities.

EARLY INTERVENTION

The Higher Education Faculty Institute on early intervention provides technical assistance, consultation, and training for higher education FACULTY involved in the preparation of early intervention practitioners. The purpose of this training is to facilitate the integration of content specific to the unique needs of infants, toddlers, and their families into personnel preparation programs.

WHO SHOULD PARTICIPATE

Faculty involved in developing programs and preparing professionals identified in Part H, P.L. 99-457. These professionals include:

- audiologists
- early childhood special education
- nurses
- nutritionists
- occupational therapists
- physical therapists
- physicians
- psychologists
- social workers
- speech and language therapists

TRAINING ACTIVITIES

Institutes will be offered in January and June designed to provide training in the following areas:

- the principles of family-centered practice;
- best practice within and across the professional disciplines involved in the delivery of early intervention services;
- curriculum development and practicum supervision in areas unique to the needs of infants, toddlers, and their families.

TRAINING ACTIVITIES

Technical Assistance in the form of on-site workshops for faculty is provided to meet the specific needs of individual training programs and faculty.

FOR MORE INFORMATION

Please call 914-285-7052 or use the enclosed mailer to request more information about the Institutes and technical assistance available through the Higher Education Faculty Institute.

NAME________________________

TITLE________________________

AGENCY______________________

ADDRESS_____________________

CITY_________________________

STATE________________________

ZIP_____________

PHONE(____)________________

APPENDIX E

HIGHER EDUCATION FACULTY INSTITUTE
January 24-25, 1991

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APPENDIX F

FACULTY INSTITUTE AND RELATED SERVICE INSERVICE PROJECT

FUNDED BY HANDICAPPED CHILDREN'S EARLY EDUCATION PROGRAM

Meeting Minutes

January 24, 1991

Attendance: Kathy Bishop, (University of Vermont), Philippa Campbell, (Family Child Learning Center), Angela Capone, (University of Vermont), Carl Dunst, (Western Carolina Center), Susan Harris, (University of British Columbia), Jeanette McCollum, (University of Illinois), Pamela Roberts, (University of Connecticut), Jeanne Wilcox, (Arizona State University), Patricia Winstead-Fry, (University of Vermont), Mary Beth Bruder, Carol Lippman, Michelle Barnea, Amita Banerjee, Theresa Bologna, (Mental Retardation Institute), and Barbara Levitz (Mental Retardation Institute).

A. Current Issues in Personnel Preparation and P.L. 99-457

I. Angela Capone, from the University of Vermont, was asked by Mary Beth Bruder to share with the group the results of the Higher Education Training Institute which was sponsored by the University of Vermont. The objectives of this Institute were:

a. To provide an opportunity for higher education faculty to explore the principles of family centered early intervention.

b. To assist faculty to infuse best practices of family centered early intervention into their current curriculum.

II. Mary Beth Bruder presented an overview of the issues to be discussed at this meeting. (See agenda)

III. Mary Beth Bruder initiated a discussion of current state of the art in early intervention across the professional disciplines covered under P.L. 99-457. What are the various disciplines and professional organizations doing to infuse best principles of family centered early intervention into their training and policies?

a. **AOTA**-Pip Campbell, from the Family Child Learning Center described the AOTA guidelines and their influence over curricula.

1. Preservice programs are dictated by licensure requirements. There is no room for course additions.

2. All states have a licensure process for OT's

based upon a written competency exam.

3. OT's training has a generalist approach with little or no information specific to infants.

4. A Masters Program in OT can be a combined degree program with students entering the program with a previous degree. In some OT programs, there is a specialty in pediatrics and infants.

5. P.L. 99-457-AOTA does have guidelines for early intervention that were published in 1989. These are available for sale and the guidelines cover children birth through six (0-6).

6. Along with these guidelines, AOTA has, for the past three years, received a federally funded National Inservice Training Grant. These workshops were designed to focus on early intervention and are taught by two OT faculty and one parent of a child with a disability. There have been 20 workshops with an average of 50-60 people each.

7. Barbara Hanft edited a book called Readings on Family Centered Care containing articles from these workshops.

b. **APTA**-Pam Roberts, from the University of Connecticut, spoke about training and accreditation qf PT's.

1. The focus of training for PT's is an understanding of life span skills, pediatrics to geriatrics. Pediatrics is often lost in the life span issue.

2. There is both undergraduate and graduate training in PT.

3. There are Board certified specialty areas, one in pediatrics. These people are clinical specialists and very soundly trained.

4. APTA has a section on pediatrics. This section has been crucial to raising the awareness of early intervention issues within the profession. This section has developed NICU guidelines along with a bibliography. Also developed were guidelines for PT's in an educational setting which included a focus on children 3-5 years and family centered care.

c. **APTA**-Susan Harris, from The University of British Columbia, spoke about the training of PT's.

1. Only about 10-11% of PT's work with children and of those, 1-2% can work with infants. Most members of APTA work across the life span.

2. The APTA self-study found that there was very little focus on P.L. 99-457 and family issues.

3. Rose Meyers, the director of Susan's PT department, wrote a grant to train PT faculty and Carol Compton initiated a study in June, 1990 on pediatric content in PT curricula.

d. **DEC**-Jeanette McCollum, from the University of Illinois discussed training in education.

1. There is no specialization in education. DEC has created personnel preparation recommendations in Early Childhood Special Education.

2. Several states have developed regulations based upon a focus on working with young children. The issue of certification is crucial in helping colleges and universities focus on early intervention in their curricula.

3. Special Education training differs from other professions because it dictates an understanding of the developmental status of infants, toddlers and children although the training emphasis is differentiated between age groups. In working with infants and toddlers the role of the family is crucial to understanding early intervention.

e. **ASHA**-Jeanne Wilcox, from Arizona State University spoke about the field of speech and language. ASHA is very powerful in establishing the curriculum. In order to be certified as a speech and language therapist, ASHA requires graduation from an ASHA certified program. There is no specialty certification.

1. Training as a speech and language therapist is life span oriented.

2. The curricula is defined by disorder rather than age group.

3. ASHA does have an infant services sub-committee which has focused upon components of practice, and family centered issues.

4. Roles, Competencies, and Skills in Life Span Practice was published in 1989. This document identified roles, and competencies in the profession.

5. In higher education, faculty are hired by disorder type. There are a few speech and language pathologists who work with specialized skills. The language area is broad and ambiguous.

6. Training is "child directed" with little focus on family centered care.

7. Training is primarily by academicians rather than practitioners and this often creates a gap in the reality of practice issues.

8. Speech and language practice doesn't consider ecology-based or environmentally-based programs. There is little or no use of family principles in an understanding of the development of language.

f. **NASW** and **CSWE**-Kathy Bishop, from the University of Vermont, discussed the roles of both professional organizations in the training of social workers.

1. CSWE accredits undergraduate and graduate social work programs. It has strict guidelines for standards of practice within the curriculum. It is not involved in early intervention and the focus of undergraduate and graduate training is on life span issues. Coursework at the undergraduate level has a generalist approach to social work practice. The graduate level approach is specialized, i.e., Children and Families, Child Welfare, Maternal and Child Health.

2. NASW influences certification and licensing in most states. MSW's are licensed to work with all categories of people.

3. Within NASW there is a commission on School Social Work which has adopted P.L. 99-457. This has provided an arena to discuss early intervention needs particularly in working with families. In 1989 NASW had a Family Ties campaign that focused on family preservation, foster care, and child welfare issues. This has created a growing awareness in the profession of family issues in working with children.

4. Most higher education faculty have private practices as well as teaching positions which can lend a more integrated approach to social work education.

5. Graduate programs require students to complete a two year practicum placement. The focus is often on working with families. However, unless there is a practicum experience directly in early intervention, social work students do not receive any experience working with infants, toddlers and their families.

g. **ANA**-Patricia Winstead-Fry, from the University of Vermont, spoke about the role of P.L. 99-457 in nursing training. There is no early intervention involvement at the associate, undergraduate or graduate level.

1. Often students enter nursing with other degrees and the ANA, which accredits programs, feels that this muddies the work.

2. The basic preparation in nursing is a generalist approach with hospital experience.

3. Students have maternal and child health experience as a required course but there is difficulty in finding faculty who are trained and practicing maternal and child health to join faculties.

4. The National Council on Nursing Research has addressed 6 priority areas; none deal with early intervention. To some degree this reflects the fact that 67% of people in hospitals are adults and there is a serious shortage of nurses to work in this setting.

5. The Public Health Nurse is faced with issues of reimbursement. These nurses cover Family and Children in their education.

6. NICU's have a family centered philosophy.

7. Part H in New York identifies the Early Intervention Nurse as key in working with families.

h. **APA**-Carl Dunst, from Western Carolina Center, discussed membership in APA. Eighty percent are clinical psychologists who are in private practice and receive fees for service. The APA has 43 divisions representing sub-specialties of psychology.

1. An undergraduate degree is not recognized. Only Ph.D.'s are licensed. The licensing procedure requires an 18 month internship as well as a doctorate. One does not need to specialize in order to practice.

2. Within APA there are four divisions that deal with P.L. 99-457. These four are:

- -developmental psychology which deals with both normal and atypical child development;
- -behavioral psychology which includes school psychology;
- -clinical psychology which includes family and infant/toddler specialists;
- -pediatric psychology.

3. APA's competencies for psychologists who work with infants/toddlers and their families are:

- -team leader
- -infant assessment
- -therapeutic intervention
- -consultation
- -research
- -advocate

4. All fields of study in psychology focus on school age children and then redirect this knowledge to infants and toddlers. Only Developmental Psychologists have coursework in infant and toddler development.

5. Psychologists are crucial in the IFSP process since the assessment process has tremendous impact upon families. The issue of family empowerment is important to the success of an intervention and requires sensitivity towards families across disciplines.

B. Faculty Challenges

I. Mary Beth Bruder discussed the Comprehensive System of Personnel Development process with a focus on:

a. identification of supply and demand

b. current needs assessment

c. preservice/inservice resources

d. understanding of spirit and content of P.L. 99-457

e. licensing requirements

II. Minimum requirements for faculty were identified regarding higher education training in early intervention.

a. Each discipline must know that they are identified in P.L. 99-457 and how their role is defined.

b. Each discipline must be aware of the regulations of P.L. 99-457.

c. The crucial role of the IFSP process in early intervention is paramount in higher education.

d. There is literature about family centered care and interdisciplinary service models that will enable faculty to teach principles of early intervention.

e. A knowledge of different models of service delivery, other than the medical model is important. This can be done through the training process, i.e., hospice movement, home care. This will provide information about alternatives and ranges of service delivery models.

f. Reimbursement issues are important as they provide information about constraints of funding and the impact on service.

g. An awareness of state regulations is important in training.

h. A knowledge of the unique needs of infants and their families and how this applies to all disciplines is crucial in early intervention. Training strategies and collaboration across disciplines is important.

i. Use of case studies as a teaching tool can help create a context within which to discuss other discipline specific issues. Audio visual materials are an important part of this process.

j. In early intervention the focus is an understanding of the child from a holistic perspective.

k. There is a bi-level approach to higher education in early intervention: Awareness vs. implementation. Many issues arise in the integration of these 2 levels in the curriculum.

l. Collaborative teaming at the level of practice was identified as important in this educational process. How do systems change and how do we infuse best practice into our teaching?

m. What are issues around transitioning? How do these affect teaching and training students?

n. The goal should be to find commonalities of practice, and infuse them into higher education curricula.

III. Incentives to make changes at the college/university were discussed.

a. Understanding that administrators won't make changes unless there is a good rationale to back-up these changes.

b. How do finances influence change?

c. Issue of state certification is always crucial in the implementation of change in curriculum.

d. What are alternatives to FTE?

e. For junior faculty we can relate the importance of early intervention to scholarly activity.

f. Development of new practica sites is important to infuse the concept of best practice into the curriculum.

g. Higher education institutes can create a bibliography, and handouts that will enhance curricula.

h. Importance of identification with someone from within each discipline is an important incentive.

January 25, 1991

Attendance: Molly Cole, Linda Caruso parents and the same Members of Higher Education Advisory Board and MRI as were in attendance Jan.24,1991.

A. Translating Issues Into Inservice Curriculum

I. Institutes

a. Goal is to prioritize needs across disciplines.

b. Recommendations for timing of institutes:

1. target to meet needs and schedules of higher education faculty.

2. this year local colleges would be helpful because they are close by-MRI could be used as a training site.

3. focus on the process of learning, i.e., come away with information to take back to the college or university and make changes.

4. monthly follow-up meetings are important.

c. Each discipline has unique needs:

1. think about what is driving the system.

2. what does family centered care mean?

3. why do families need to be a member of the team?

4. how do you teach role changes?

d. Teaching tools:

1. case studies

2. involvement of parents in teaching team

3. responsiveness to different cultures

4. assessment process is important; stories often aren't valuable teaching tools.

e. Modification of values occurs slowly. It becomes crucial to identify prior knowledge and how to use this knowledge effectively. Readings given before institutes are helpful in creating an atmosphere of scholarly training.

f. At the end of an institute we want participants to:

1. infuse new practice into new coursework.

2. create a new sequence of courses.

3. develop a practicum to increase outcome.

g. Understanding of roles of other professionals is important. This is especially true for interdisciplinary teaming.

h. Evaluation is process is important.

i. A good perspective is that each discipline has something important to offer to early intervention and focus on the perspectives of each disciplines.

j. Licensing concerns needs to be addressed across disciplines.

k. Development of the IFSP process is important.

B. Minimum Content Components for Institutes

I. Policy Issues

a. IFSP process, teaming, referral policies need focus.

b. Best practice results from changes in policy:

1. Review P.L. 99-457.

2. Review regulations of P.L. 99-457.

3. Focus needs to be on emerging trends in early intervention.

c. Role of students as advocates helps provide good services for infants and their families.

d. Policy and law give an understanding of the "big picture" because this is often what the family has to cope with in dealing with the service system, both on a Federal and State level.

e. Transitioning is an important concept in understanding the IFSP process and in understanding the unique needs of infants and toddlers.

f. Role definition for students should be in a clinical setting.

II. Exelempary Programs

a. Parent to Parent-students placed for 1 year with a family to gain an awareness of family issues. This experience provides a different experience from professionally defined roles and helps students find out what a family needs. This helps students learn to listen to families, find out where they belong, negotiate skills and understand why family priorities are often different from providers.

b. In Illinois there is an Interdisciplinary Masters with students majoring in their own discipline and specialize in infancy. The practicum is interdisciplinary with infant/parent playgroups. Teaming consists of 1 educator, 1 special education educator and a third professional. The objective is for students to learn teaming process.

c. InterUniversity Institute at UCONN consisted of 16-20 interdisciplinary students with 9 credits. Matrix of trained faculty. Coursework was 6 weeks long with an afternoon practicum. The key is faculty participation, Higher Education Council involvement, research seminars on national issues and a one year follow-up with students required to complete competency tasks. The strength of the models were teamwork, infancy and family content, and program tasks.

III. Institute Format

a. Important to assign work before the institute begins.

b. For the first institute the 11 affiliated universities with MRI will be invited to participate.

c. Limit for the first institute will be 5 faculty.

d. Suggestion that those who have the potential to make greatest impact be invited as participants.

e. Important not to keep a waiting list of interested faculty.

f. Visibility is important for the institute and for impacting upon infant and toddler needs.

IV. Monitoring Effectiveness

a. Focus should be on responses of participants.

b. Pre-post syllabus examination should reflect change.

c. It is helpful to have a dialogue with families. How has service delivery by practitioner been different?

d. Evaluations are helpful; participants self select to attend and want to be helpful in evaluation process.

APPENDIX G

HIGHER

EDUCATION

FACULTY

INSTITUTE

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HIGHER EDUCATION
FACULTY INSTITUTE
MANUAL

Support for this manual was received from Grant #H024900024 from the Handicapped Children's Early Education Project, U.S. Department of Education and the Mental Retardation Institute of New York Medical College. The Higher Education Faculty Institute was directed by Mary Beth Bruder, Ph.D. Project staff included Carol Lippman, Ph.D. and Theresa Bologna, Ed.D.

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HIGHER EDUCATION FACULTY INSTITUTE

I. INTRODUCTION

A. Higher Education Faculty Institute

The Higher Education Faculty Institute manual has been developed as part of a 3 year project (Oct. 1990 - Oct. 1993) funded by HCEEP. The project is administered by the Family Support/Early Intervention of New York Medical College at the Westchester Institute for Human Development, Valhalla, New York.

The purpose of the Higher Education Faculty Institute is to develop, implement and evaluate a preservice training model for higher education faculty. The focus of this training model is to infuse the best practices of family-centered early intervention into higher education programs. This curriculum is designed for the training of nurses, occupational and physical therapists, speech and language therapists, physicians, nutritionists, psychologists, early interventionists, early childhood educators, special educators and social workers.

B. Project Philosophy

The philosophy basis that guides the content of training for the Higher Education Faculty Institute is designed to support the development of training activities for personnel from a variety of disciplines who train professionals to provide services to infants, toddlers and their families. More specifically, the content of this project is based upon the following assumptions that need to be infused into higher education curriculums:

1. All children should have access to free appropriate early intervention services from the point of detection of a possible or documented developmental delay.
2. Empowering families should be the focus of an early intervention program.
3. Programming targets for infants and toddlers should be based on needs prioritized by their families.
4. An infant's or toddler's developmental status should be determined and monitored through the use of a battery of valid assessment tools administered by personnel from a variety of disciplines.

5. Programming within behavioral domains (i.e., fine motor, gross motor, etc.) is inefficient for infants and toddlers and tends to inhibit generalization. Programming for infants and toddlers should be implemented across domains and within normative activities and family routines.

6. Early interventionists must substantiate their intervention through systematic instruction and evaluation.

7. Infants and toddlers should receive instruction within their least restrictive setting. Heterogenous groupings that include normally developing children not only provide a stimulating and challenging environment for the children with special needs, but also encourage the teachers to maintain perspectives on valid programming targets.

The philosophical basis that guides the model of training used in this project has evolved from the literature on adult learning. The institutes are organized to assess aspects of adult learning theory as they relate to staff development. The following guidelines are used to develop the project model. (From: Wood, F.H., & Thompson, S.R. (19980). Guidelines for better staff development. Educational Leadership, 37, 374-378.)

1. Adults learn when the goals and objectives of the learning are considered realistic and important to the activity at hand.

2. Adults learn and retain what they perceive is relevant to their personal and professional needs.

3. Adults need to see the results of their efforts and have accurate feedback about progress toward their goals.

4. Adult learning is ego-involved.

5. Adults come to any learning experience with a wide range of previous experiences, knowledge, and skills.

6. Adults want to be the initiators of their own learning and be involved in the selection of objectives, content, and activities.

7. Adults will resist any learning experience which they believe is an attack on their competence.

8. Adults reject the prescriptions of others for their learning.

9. Adult motivation is produced by the learner, and not from any external force.

C. Overview of the Institute Model

Based upon the philosophy of the Higher Education Faculty Institute a model for preservice training has been developed. This model provides for an Institute of five full days. This intensive model is outlined in this manual and includes:

1. legal issues of P.L. 99-457 and service parameters,

2. family and cultural sensitivity,

3. transdisciplinary programming and settings for instruction,

4. Individualized Family Service Plans (IFSP's) and program evaluation,

5. higher education issues in New York State and discipline specific recommendations.

Each institute includes a maximum of nine participants recruited from colleges and universities in New York State. The small groups allow for more individualization of content and group activities, and the heterogenous grouping promotes learning from the experiences of other participants. Participants must be teaching in a higher education faculty to enroll in training. The institute consists of two components:

1. group training sessions,

2. individual long-term follow-up for 1 year after an Institute.

There are five training sessions with each session being 5 hours long. The sessions consist of a combination of lecture, discussion, films, practical activities and feedback. The sessions are held once a week over five weeks in a location central to all of the participants. Follow-up consists of observations and meetings at the participant's program site for the purpose of providing consultation, support, and assistance in implementing training content through the completion of program tasks. Program tasks are competencies that the participants identify after completion of the Institute.

D. Use of the Manual

The Higher Education Faculty Institute manual is intended to be used by professionals who are developing coursework related to infant curricula for students involved in higher education. It is recommended that the manual be used either in whole or in part as a guide to integrate best practices of family-centered early intervention into higher education curriculums. The manual describes the content and processes used by the Higher Education Faculty Institute when implementing the training. Revisions were made based on feedback from participants. The content of the training sessions can and should be adapted to meet the needs of each training audience; however, it is suggested that the format of the Institute be implemented as outlined in the manual (i.e., multiple sessions of training with follow-up implementation and consultation) to be most effective. Materials included were designed to be duplicated; however, adaptions may be made as necessary.

II. OVERALL OUTLINE OF THE INSTITUTE

The institute training provided by the Higher Education Faculty Training Project follows the same general format, regardless of institute topic. Topics were determined by formal and informal needs assessments conducted with the intended audience (in this case, higher education faculty teaching in the state of New York). Each institute has a maximum of five participants. There are sometimes additional sessions conducted on the same topic. Prior to the actual training sessions, an individual orientation meeting is conducted for applicants to describe the format, content, and requirements of the institute. Pre-session evaluation measures are conducted at this time. Additional pre-session evaluation measures are conducted or collected during a visit to each participant's college or university where an institute instructor meets with the participant.

The Higher Education Faculty Institute consists of five training sessions where participants meet as a group. The topics addressed in the sessions include:

1. history of early intervention
2. P.L. 99-457
3. Service delivery parameters
    a funding

    b. philosophy

4. identification/eligibility issues
5. case coordination
6. personnel competencies within disciplines
7. curriculum development
8. teams
9. family systems
10. family assessment
11. family-directed care
12. cultural sensitivity
13. transdisciplinary programming/goal setting
14. child assessment
15. settings for instruction
16. IFSP
17. evaluation
18. New York State efforts on P.L. 99-457
19. discipline specific recommendations.

The training sessions consist of a combination of lecture, discussion, and practical application activities. General content is determined through needs assessments conducted with the participants of each institute. This insures that the training meets the needs of individual participants.

After the group training sessions are concluded, there is a series of tasks for each participant to complete. The tasks consist of the basic competencies of the institute topic:

1. redesign practicum experiences with principles of early intervention
2. infuse early intervention principles into existing coursework

3. create new course or sequence of courses

4. meet with the Dean of the college or university

The objective of the tasks is for the participants to implement the training content into their own curricula and to train others on their faculty about the institute content, thereby expanding the impact of the original training. The tasks are delineated specifically, and are adapted to the needs of, and conditions present in, each participant's faculty. The institute instructors conduct on-site visits with each participant as needed for one year.

The purpose of the site visits is to observe, check on completion of tasks, collect completed tasks, provide consultation and assist in problem solving around issues related to the topics of the institute. On-site consultation is available to participants for up to one year from completion of the institute.

A. Objectives of the Institute

The objectives of the Higher Education Faculty Institute are based on the knowledge and skills needed by participants to determine and implement appropriate early intervention goals and objectives for their courses and departments. Through the course of the institute, the participants apply the knowledge and skills in their own courses and departments. The general goals of the institute are as follows (the program tasks describe each objective in terms of the specific activities the participants must complete and the criteria for success):

1. to be able to understand the funding and philosophical rationales of P.L. 99-457

2. to be able to identify NYS's lead agency for birth to three year olds

3. to be able to identify three roles of case coordinators

4. to understand the role of curriculum development in training professionals in best practice of early intervention

5. to be aware of personnel competencies within disciplines

6. to understand factors that enhance team functioning

7. to be familiar with family systems theory

8. to identify principles of family-directed care

9. to identify culturally sensitive practices in family-directed care

10. to understand child and family assessment issues and practices

11. to understand instructional goals that reflect transdisciplinary programming

12. to understand the components of the IFSP process

13. to identify the role of program evaluation in early intervention services

14. to understand areas for reform in higher education.

B. Recruitment of Participants

Information is disseminated through a variety of media to publicize the availability of training institutes. A letter is sent to MRI affiliates describing the training institutes. Follow-up phone calls are made to faculty members to clarify any questions they might have had. Additionally, a brochure describing the project is distributed through the mail, at conferences, and to participants of other projects.

Higher education faculty, from professions identified in P.L. 99-457 as needing training in family-directed early intervention, are eligible to apply for the institute.

C. Site Visits

After receiving applications from all interested participants, and before beginning the training sessions, a site visit is conducted to orient participants to the philosophy and procedures of the inservice training.

During the site visit, the participant and the instructor discuss the requirements of the institute training and their implication in terms of time and commitment so that the supervisor is able to adequately support the participant. Any questions or concerns of the participant are discussed. After this, a contract (Appendix A) delineating requirements for participation is signed by the participant and the instructor. During the first 30 minutes of the first day of the Institute, participants are asked to complete a Motivation Questionnaire (Appendix B) and a

Participants Information Sheet (Appendix C) to give the project background data about participants.

III. IMPLEMENTING THE SESSIONS

The following section provides the details for implementing the Higher Education Faculty Institute. Each of the five sessions has corresponding objectives, agenda, notes on implementation, copies of handouts, and reference list. The objectives describe the intended outcome of the session in terms of participant skills and knowledge. The agenda lists each topic that is addressed during the session, its time frame, and the format within which it will be addressed. Complete descriptions of how the topics can be addressed follow the agenda. The developers of this model utilize a variety of formats to address the topics. The format and content may be followed as described, or adapted to fit the needs of the specific audience to be trained. Copies of handouts given to the participants are included to be used as handouts or for reference. The readings assigned are to be read by the participants before each session and are listed along with references and resources used in developing the session's topic. The references and resources may also be used by the participants if they wish to read further on the topic. A Pre/Post Institute Questionnaire (Appendix D) is given at the beginning and end of each session. A Consumer Satisfaction Sheet (Appendix E) is given to participants at the end of each session.

HIGHER EDUCATION FACULTY INSTITUTE

SESSION I

Agenda

Legal Issues of P.L. 99-457
Service Parameters

Length:	Topic:	Format:
25 minutes	Logistics Pre/Post Questionnaire	Lecture
20 minutes	Objectives/Overview of Institute	Lecture
60 minutes	Early Intervention history of early intervention P.L. 99-457	Lecture
10 minutes	Break	
60 minutes	Service Delivery Parameters philosophy funding identification/eligibility issues staff composition/team models service coordination	Lecture/ Discussion
40 minutes	Personnel competencies within disciplines	Activity/ Discussion
10 minutes	Break	
40 minutes	Curriculum development/family involvement	Lecture

HIGHER EDUCATION FACULTY INSTITUTE

SESSION I

OBJECTIVES

At the end of this session, participants will:

1. be able to identify the ages of the children mandated to receive services according to P.L. 99-457.
2. be able to identify when these services must be in place.
3. understand the role of higher education faculty in training professionals according to the spirit and intent of the law.
4. understand the funding and philosophical rationale stated in P.L. 99-457.
5. be able to identify New York State's lead agency for birth to three year olds.
6. be able to identify three requirements of service coordinators.
7. understand the role of curriculum development in training professionals in best practice of early intervention.
8. be aware of the personnel competencies within disciplines.

HIGHER EDUCATION FACULTY INSTITUTE

SESSION I

Topic:	History of Early Intervention/P.L. 99-457
Format:	Lecture
Time:	60 minutes

I. OVERVIEW OF P.L. 99-457

A. Ask participants what they know about the law.

B. Discuss amendments of P.L. 94-142 (Education of the Handicapped Act) passed September, 1986.

II. PART B: PRESCHOOL GRANT PROGRAM

A. Mandatory services for 3-5 year olds by 1990-91 (5 yrs).

B. If not providing services, district loses all Preschool Grant Funds, all 94-142 money generated by 3-5 year olds, all grants and contracts related to preschool special education.

III. PART H: INFANT AND TODDLER PROGRAM

A. Not mandatory, states can choose to serve 0-3 and get funding.

B. Provides financial assistance to states to:

1. develop and implement statewide, comprehensive, coordinated, multidisciplinary, interagency program.

2. serve children from birth to third birthday:
   a) experiencing developmental delays in cognition, physical, speech/language, psychosocial or self-help.

   b) with physical or mental condition usually resulting in delays (e.g., Down Syndrome, Cerebral Palsy).

   c) at state discretion, medically or environmentally at risk.

C. Year 1 & 2:

1. Appoint Interagency Coordinating Council (parents, providers, state agency representatives, personnel trainers, state legislative representatives, other).
2. Appoint lead agency (in NY, Department of Nursing).
3. Ensure that funds will be used to plan, develop, and implement services.

D. Year 3 & 4: adopt a policy which contains the required components of a statewide system, including:

1. definition of "developmental delay"
2. timetables for ensuring services
3. multidisciplinary evaluation and determination of family needs
4. provision of IFSP
5. comprehensive child find system
6. public awareness program
7. central directory of services available
8. comprehensive system of personnel development: the system must be in effect no later than the beginning of the 4th year, with the exception that full services do not have to be provided to all eligible children

E. Year 5: Must ensure the system is in effect and providing full services to all children:

1. Services include: special education, speech pathology and audiology, occupational therapy, physical therapy, psychological services, parent and family training and counseling, transition services, medical services for diagnostic purposes, health services to enable the child to benefit from education and case management services.
2. No cost to parents except where federal or state law provides for sliding fees.

HIGHER EDUCATION FACULTY INSTITUTE

SESSION I

Topic:	Service Delivery Parameters
Format:	Lecture/Discussion
Time:	60 minutes

I. DEFINITION OF PHILOSOPHY

Theory underlying or regarding a sphere of activity or thought

II. PROGRAM PHILOSOPHY

Written protocols and agreements should reflect the program's philosophy. By having a written philosophy, the program ensures that all staff understand the program's focus. The program philosophy guides all policies, procedures, protocols, and written agreements; it is designed to provide services and interagency collaboration do not occur haphazardly.

A. Importance of Program Philosophy (nominal process)

1. Cohesiveness to staff - all staff members will be operating under the same premise. If possible the program philosophy should be developed together.

2. Basis of selecting model of service delivery. The philosophy should lend itself to determining specifics of program model and goals of the program (e.g., staff and staffing patterns, theory of child development, role of family involvement, site of services and curricula and assessment).

B. Components of Program Philosophy

1. child development
2. parent involvement
3. delivery of services (including coordination with other agencies)
4. other components

C. Developing a Program Philosophy

Discuss the following in relation to best practice in early intervention:

- family involvement
- intervention sites
- teams
- transition
- integration
- interagency coordination
- curricula

D. Philosophical Framework for Early Intervention Services

1. The prevalent principles for early intervention services are:

   a. infants and toddlers are unique because of their dependence on their families necessitating a family-focused approach to intervention.

   b. no one agency or discipline can meet the diverse and complex needs of young children with special needs and their families.

   c. early intervention services must be individualized and coordinated between agencies.

III. FUNDING

A. There are a lack of national stable funding sources.

B. Variability from state to state.

C. Implications for service delivery.

IV. SERVICE DELIVERY

A. Two groups identified as eligible for intervention:

1. are those infants and toddlers considered to be at risk because of environmental, or biological factors.

2. are those infants manifesting a discernible biological condition.

B. Staffing Patterns

1. Infants and toddlers and their families require the services of professionals with a wide variety of skills.

2. Medical, therapeutic, educational, developmental, and social service expertise are necessary to help establish and implement viable early intervention programs.

3. Whether services are provided through a direct service model or a consultant model, the early intervention staff will have to adopt a framework for team operation.

4. P.L. 99-457 mandates team process which includes the development of the IFSP.

C. Case Coordination

1. The law mandates that case management services are available and that a "coordinated, multidisciplinary, interagency program" must be in place.

2. The Federal Register (November 18, 1987) states that the "name of case manager from the profession most immediately relevant to the infant's or toddler's and family's needs who will be responsible for the implementation of the plan and coordination with other agencies and persons" must be on the IFSP; this should not exclude the parent from becoming case manager.

3. The only role stated is that the case manager is responsible for the implementation of the IFSP and coordination with other agencies.

4. But what exactly is "case management" and what are the responsibilities?

D. Definition of Case Management

1. According to Austin (1983), case management is "widely viewed as a mechanism for linking and coordinating segments of a service delivery system, within a single agency or involving several providers, to ensure the most comprehensive program for meeting an individual client's needs for care."

2. A case manager must monitor that the system is responsive to the client, fulfills a role in the community, and provides effective as well as efficient services.

E. What does a Case Manager/Coordinator do?

1. Have the group brainstorm possible case manager roles. Record responses on board.

2. According to the Federal Register (November 18, 1987) the case manager's role includes:

   a. coordinating the performance of evaluations and participating in the development of the IFSP.

   b. assisting families in identifying available service providers.

   c. coordinating and monitoring the delivery of services including coordinating the provision of early intervention services with other services that the child or family needs or is being provided but that are not required under this part.

   d. facilitating the development of a transition plan to preschool services where appropriate.

3. Other roles that may be involved include:

   a. Evaluating service delivery

   b. Advocating on behalf of the needs and rights of the child & family.

   4. Families must have major role in determining services to be provided and determining who will be the case manager.

F. Who should be Case Manager?

1. Logically, the case manager needs to be familiar with the child and family and their needs and have established the family's trust and comfort in order to work collaboratively with them on the services needed.

2. This brings up the issues of training needed to be case coordinator, allocation of time in the work schedule to act as case manager, the desire to act as case coordinator, and the ability to be objective when evaluating service delivery. These issues have not been resolved.

G. On October 7, 1991, The Individuals with Disabilities Education Act (IDEA) was amended, P.L. 102-119. Section 12 contains definitions for Part H.

1. While case management is retained in the definition section subsequent sections (section 13) use the term "service coordination."

2. This is primarily designed to avoid problems with payment for services under other statutes, while being sensitive to family concerns.

NUTRITION

	Preservice Training in Early Intervention				
	Present availability of training				
Role Statements for Infant Intervention	Yes No N/A	Level: U G	Extent: Full course Part of course (explain)	Faculty readiness Yes No	Explain:
1. Serve as member of interdisciplinary team.					
2. Participate in developing administrative policy and plans for programs and services for children and families.					
3. Develop nutrition care plan: assess nutritional status, food intake, eating behavior, feeding skills, intervention including developmental care plan.					
4. Coordinate nutrition services: contribute to individualized family service plan; work with family and community care givers; make referrals to community resources.					
5. Provide case management services.					
6. Serve as consultant and provide technical assistance.					
7. Provide preventive services: anticipatory guidance, early intervention.					

INTERDISCIPLINARY BIRTH-TO-THREE WORKSHOP

AUDIOLOGY - SPEECH AND LANGUAGE	Preservice Training in Early Intervention				
	Present availability of training				
				Faculty readiness	
Role Statements for Infant Intervention	Yes No N/A	Level: U G	Extent: Full course Part of course (explain)	Yes No	Explain:
1. Determine whether a child has normal auditory function using developmentally appropriate behavioral techniques, and/or electrophysiological measures.					
2. Determine the characteristics of the hearing loss re: degree, type, configuration, and symmetry.					
3. Assess and monitor middle ear function through acoustic immitance measures.					
4. Describe the child's auditory function at various suprathreshold levels in quiet and in competing signals using linguistically and developmentally appropriate test materials.					
5. Assist in the identification of risk factors that contribute to hearing loss, its possible progression, and associated developmental delays.					

AUDIOLOGY - SPEECH AND LANGUAGE (CONT'D.)	Preservice Training in Early Intervention				
	Present availability of training				
Role Statements for Infant Intervention	Yes No N/A	Level: U G	Extent: Full course Part of course (explain)	Faculty readiness Yes No	Explain:
6. Determine the relationship of auditory function in communicative development, including comprehension and production through multiple modalities.					

INTERDISCIPLINARY BIRTH-TO-THREE WORKSHOP

SPECIAL EDUCATION

Preservice Training in Early Intervention

	Present availability of training				
		Level:	**Extent:**	**Faculty readiness**	
Role Statements for Infant Intervention	Yes No N/A	U G	Full course Part of course (explain)	Yes No	Explain:
1. Conduct and implement screening and child-find programs.					
2. Assess children's developmental competence.					
3. Plan and implement developmental interventions.					
4. Coordinate interdisciplinary services.					
5. Integrate and implement interdisciplinary team recommendations.					
6. Assess family needs and strengths.					
7. Plan and implement family support services or training.					
8. Coordinate services from multiple agencies.					
9. Evaluate program implementation and effectiveness of overall services for infants and families.					

INTERDISCIPLINARY BIRTH-TO-THREE WORKSHOP

SOCIAL WORK/PSYCHOLOGY

Preservice Training in Early Intervention

	Present availability of training				
				Faculty readiness	
Role Statements for Infant Intervention	Yes No N/A	Level: U G	Extent: Full course Part of course (explain)	Yes No	Explain:
1. Assess developmental/psychological behavioral characteristics of children and/or families.					
2. Identify psychological needs and resources of families.					
3. Plan and provide psychological/developmental interventions for infants and families.					
4. Coordinate interdisciplinary efforts.					
5. Consult with families or other professionals.					
6. Serve as manager.					
7. Design and implement evaluations of service effectiveness.					
8. Provide professional development and in-service.					
9. Use preventive identification research.					
10. Develop diagnostic criteria at state level.					

INTERDISCIPLINARY BIRTH-TO-THREE WORKSHOP

OCCUPATIONAL THERAPY	Preservice Training in Early Intervention				
	Present availability of training				
Role Statements for Infant Intervention	Yes No N/A	Level: U G	Extent: Full course Part of course (explain)	Faculty readiness Yes No	Explain:
1. Assess children's sensory processing, adaptive responses and functional performance in: play, self-care, and interaction with the physical and social environment within a developmental context. Developmental assessments will include, but are not limited to: sensory, motor, postural, fine motor-manipulative, and oral motor-feeding.					
2. Assess the abilities of the families and other caregivers to interact with the child and facilitate development in the areas of sensory, motor, postural, fin motor-manipulative, and oral motor-feeding.					
3. Develop and implement occupational therapy intervention to enhance sensory, motor, cognition, communication, physical, emotional and adaptive skills.					

OCCUPATIONAL THERAPY (CONT'D.)

Preservice Training in Early Intervention

	Present availability of training				
Role Statements for Infant Intervention	Yes No N/A	Level: U G	Extent: Full course Part of course (explain)	Faculty readiness Yes No	Explain:
4. Adapt the environment and select, design, and fabricate assistive seating and orthotic devices to facilitate development and promote optimal functioning and interaction with the environment.					
5. Provide services to prevent secondary physical and emotional problems.					
6. Work with families and other caregivers to enhance caregiving and understand the child's abilities and special needs, and to optimize the child's functional abilities.					
7. Collaborate and consult with other early intervention team members and family service providers.					
8. Provide case management services including advocacy, coordination, serving as case manager.					

OCCUPATIONAL THERAPY (CONT'D.)

	Preservice Training in Early Intervention				
	Present availability of training				
Role Statements for Infant Intervention	Yes No N/A	Level: U G	Extent: Full course Part of course (explain)	Faculty readiness Yes No	Explain:
9. Evaluate the effectiveness of occupational therapy services, and contribute to the evaluation of interdisciplinary outcomes.					
10. Additional roles:					

INTERDISCIPLINARY BIRTH-TO-THREE WORKSHOP

PHYSICAL THERAPY

	Preservice Training in Early Intervention				
	Present availability of training				
Role Statements for Infant Intervention	Yes No N/A	Level: U G	Extent: Full course Part of course (explain)	Faculty readiness Yes No	Explain:
1. Screen for neuro-musculo-skeletal, cardiopulmonary, and general developmental dysfunction.					
2. Assess children's neuro-musculo-skeletal status and motor skills for differential diagnosis.					
3. Assess children's cardiopulmonary status.					
4. Design, implement, and monitor therapeutic interventions.					
5. Evaluate intervention effectiveness and modify programs as needed.					
6. Identify with the family their priorities, strengths, and needs.					
7. Develop family recommendations and monitor their implementation.					
8. Participate in interdisciplinary planning.					
9. Consult with the family members and caregivers.					

PHYSICAL THERAPY (CONT'D.)

Preservice Training in Early Intervention

	Present availability of training			Faculty readiness	
Role Statements for Infant Intervention	Yes No N/A	Level: U G	Extent: Full course Part of course (explain)	Yes No	Explain:
10. Consult with and refer to other professionals and community agencies.					
11. Recommend or fabricate adaptive equipment and mobility devices.					
12. Recommend or implement environmental modifications.					
13. Additional roles:					

INTERDISCIPLINARY BIRTH-TO-THREE WORKSHOP

NURSING

	Preservice Training in Early Intervention				
	Present availability of training				
Role Statements for Infant Intervention	Yes No N/A	Level: U G	Extent: Full course Part of course (explain)	Faculty readiness Yes No	Explain:
1. Assess physiological, psychological, and developmental characteristics of the child and family.					
2. Work with parents to meet basic needs of the child (e.g., health needs, daily care, feeding, etc.).					
3. Enhance child and family's abilities to cope with the child's developmental status.					
4. Recommend, plan, and/or implement interventions to improve child's developmental status.					
5. Implement medical plans to treat underlying cause or help parents to implement the plan.					
6. Serve as case manager.					
7. Refer to other programs or professionals.					

HIGHER EDUCATION FACULTY INSTITUTE

SESSION I

Topic:	Personnel competencies within disciplines
Format:	Activity/Discussion
Time:	40 minutes

I. PERSONNEL COMPETENCIES

A. Unique personnel competencies and skills are needed that are qualitatively different from those included in training personnel to work with school or preschool-aged children.

   1. collaborative assessment by professionals from multiple disciplines
   2. development of IFSP
   3. case coordination
   4. family focused intervention

B. Need for professional standards specific to early intervention services.

C. Current status of preservice training programs for professionals specializing in early intervention.

D. Positions of professional organization of 10 disciplines identified in P.L. 99-457 to provide early intervention services regarding higher education training.

E. Participants will be given, by discipline, Bailey's role sheets to fill out about their discipline.

   1. Group will share discipline specific training and needs.

HIGHER EDUCATION FACULTY INSTITUTE

SESSION I

Topic:	Curriculum development/ family involvement
Format:	Lecture
Time:	40 minutes

I. CURRICULUM DEVELOPMENT

A. Training curriculum must provide skills and knowledge which will address the delivery of interdisciplinary family directed services which are effective along the following domains:

1. Unique needs of infants - given the role of the environment, (e.g., caregiver interaction), on the subsequent development of the infant this transactional view must be understood as influencing intervention programs.

2. Intervention models for infants and toddlers with disabilities rely upon the premise of intellectual malleability.

3. Unique needs of families - primary goals of early intervention should be to facilitate the parents' awareness of, and adaptation to, the primary role of parenting a child with disabilities.

   a. Responsibility for a child's development rests with the family. Parents who receive more support for the care of their infant or toddler with a disability see more beneficial results in their ability to adapt. Programs must support, not supplant, the family's role.

   b. Infant intervention programs must address informational needs of families.

   c. The educational needs of families should be differentiated from informational needs, in that education results in a predetermined change of behavior.

B. The passage of P.L. 99-457 has facilitated the national adoption of a family focused model of early intervention.

HIGHER EDUCATION FACULTY INSTITUTE

SESSION I

READINGS

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HIGHER EDUCATION FACULTY INSTITUTE

SESSION II

Agenda

Families and Cultural Sensitivity

Length:	Topic:	Format:
15 minutes	Overview	
45 minutes	Family Systems Theory	Lecture/Activity
10 minutes	Break	
60 minutes	Family Assessment	Small Groups
40 minutes	Cultural Sensitivity	Lecture/Group Activity
10 minutes	Break	
60 minutes	"Family-Directed Care"	Video/Discussion (Heart to Heart)

HIGHER EDUCATION FACULTY INSTITUTE

SESSION II

OBJECTIVES

At the end of this session, participants will:

1. be familiar with the principles of family systems theory;
2. understand the role of family structure, family interactions, and family functions in the life cycle of the family;
3. understand family assessment issues and practices;
4. identify culturally sensitive practices in family-centered care;
5. identify the principles of family-centered care.

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SESSION II

Topic:	Family Systems Theory
Format:	Lecture/Activity
Time:	45 minutes

I. BASIC THEORIES OF FAMILY SYSTEMS

A. Child is part of family system; what effects one member of the system also effects all other members of the system (reverberation effect).

B. System wants to maintain balance and stability (homeostasis).

C. Change is a stressor to the system.

D. Family is also an element in the larger system of the community.

II. TURNBULL'S FOUR COMPONENTS OF FAMILY SYSTEMS

(use diagram of "Family Systems Conceptual Framework" p. 20 in Turnbull's book as illustration)

A. Family Characteristics/Resources: Each family is unique and has its own characteristics, both in terms of the individuals that make up the family and the family as a whole; these characteristics influence how the family deals with life's situations.

1. Characteristics of the exceptionality (e.g., type, level of severity).
2. Characteristics of the family (e.g., sizes and forms, cultural backgrounds, socioeconomic status, geographic locations).
3. Personal characteristics (e.g., health, intellectual capacity, and coping styles).

B. Family Interaction: Relationships occur among the sub-groups of the family members and the reverberation effect means that the relationship of one sub-group affects the others. The type of family interaction (cohesion and adaptability) also affects how the family deals with life's situations.

1. marital (parent to parent)
2. sibling (child to child)
3. parental (parent to child)
4. extra-familial (family member to nonfamily member)

C. Family Functions: Every family has individual and collective needs of its members that must be met. Tasks to meet these needs are family functions. Professionals must recognize that the family is striving to meet a variety of needs.

1. economic needs
2. domestic and health care needs
3. recreation needs
4. socialization needs
5. self-definition needs
6. affection needs
7. educational and vocational needs

D. Family Life Cycle: Over time, the characteristics of families change as well as the needs that must be met. These changes affect the other components of the family system.

1. developmental stages and transitions: birth and early childhood, elementary school years, adolescence, adulthood
2. structural change
3. functional change
4. sociohistorical change

III. ACTIVITY

Give participants a blank copy of Turnbull's "Family Systems Conceptual Framework". Have participants enter the resources/characteristics, interactions (the kind of interactions within the family and others the family interacts with), functions, and life cycle stage for their own family. The participants should then write down their own family's strengths and needs, and how the family deals with change and crisis. The participants should note the personal/cultural values and characteristics of the family.

IV. TURNBULL'S FAMILY SYSTEMS COMPONENTS

A. *Family resources* consists of the descriptive elements of the family, including characteristics of the exceptionality (e.g., type, level of severity); characteristic of the family (e.g., sizes and forms, cultural backgrounds, socioeconomic status, geographic locations); and personal characteristics (e.g., health, intellectual capacity, and coping styles). From a systems perspective, resources can be thought of as the *input* into family interaction.

B. *Family interaction* refers to the relationships that occur among subgroups of family members on a daily and weekly basis. These relationships, the *process* of interacting, are responsive to individual and collective family needs.

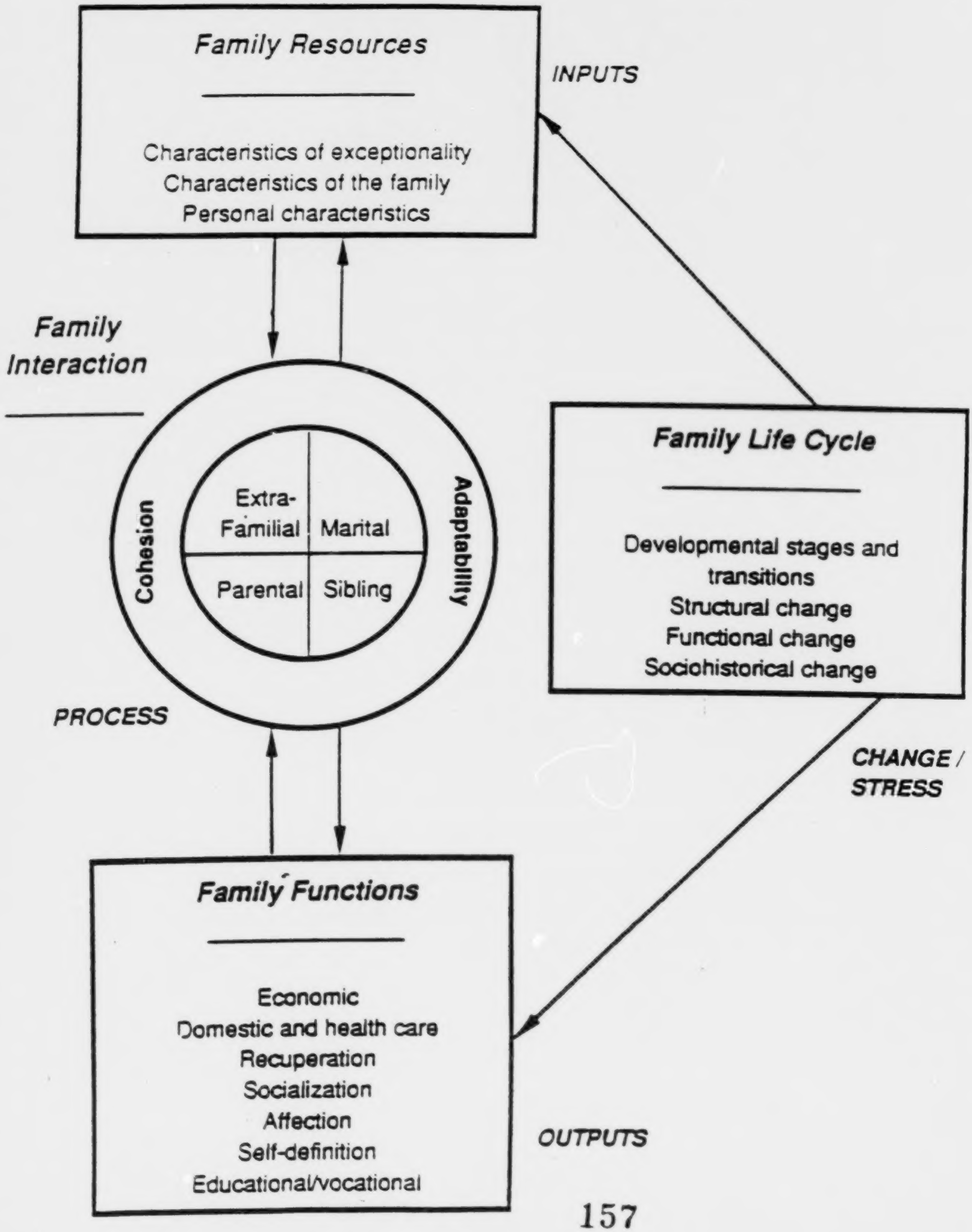
C. *Family functions* represent the different categories of needs the family is responsible for addressing. The purpose or *output* of family interaction is to produce responses to fulfill the needs associated with family functions.

D. *Family life cycle* represents the sequence of developmental and nondevelopmental *changes* that affect families. These changes alter family resources (e.g., a child is born) and family functions (e.g., mother stops working outside the home, which provides more time for child-rearing but less family income). These changes, in turn, influence how the family interacts.[1]

---

[1] Source: Turnbull, A.P., & Turnbull, H.R. (1986). Families, professional, and exceptionality: A special partnership (pp. 19-21). Columbus, OH: Merrill Publishing Company.

A FAMILY SYSTEMS CONCEPTUAL FRAMEWORK



Family Resources

Characteristics of exceptionality
Characteristics of the family
Personal characteristics

INPUTS

Family Interaction

Cohesion

Extra-Familial

Marital

Parental

Sibling

Adaptability

PROCESS

Family Life Cycle

Developmental stages and transitions
Structural change
Functional change
Sociohistorical change

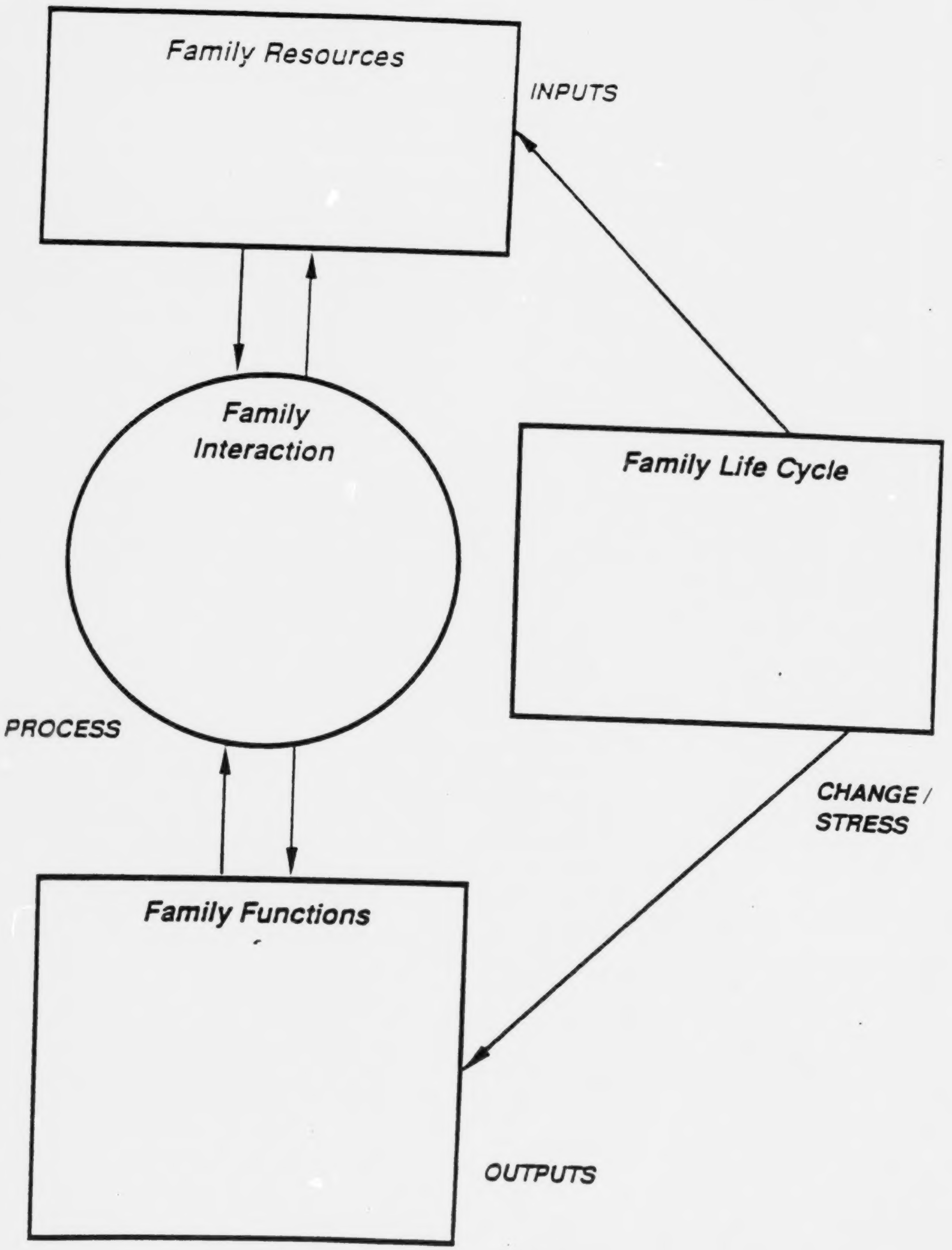
CHANGE / STRESS

Family Functions

Economic
Domestic and health care
Recuperation
Socialization
Affection
Self-definition
Educational/vocational

OUTPUTS

A FAMILY SYSTEMS CONCEPTUAL FRAMEWORK


Family Resources
INPUTS
Family Interaction
Family Life Cycle
PROCESS
CHANGE / STRESS
Family Functions
OUTPUTS

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SESSION II

Topic:	Family Assessment
Format:	Small Groups
Time:	60 minutes

I. FAMILY ASSESSMENTS

A. Determining the areas to assess and the tools to use are dependent on the individual program philosophy and the individual family needs.

B. Possible Family Dimensions to Assess:

1. Parent-child interactions
2. Parents' sense of competence
3. Acceptance of handicapped child
4. Stress
5. Coping
6. Support
7. Needs
8. Sibling relations

Not all of these areas are necessary to measure. For each individual family, it has to be determined which are the most to important to assess without being intrusive.

II. METHODS OF FAMILY ASSESSMENTS

A. Tests, Survey Instruments and Rating Forms
Useful to compare responses of parents to a standard set of questions or to responses obtained from a normative sample.

B. Observations
Can be used to document the quality of parent/child interactions or parent teaching behaviors.

C. Interviews provide a format in which families and interventionists can discuss and elaborate on issues and concerns. Parent's questions and priorities for services can be addressed in the interview process.

D. Rationale for family interviews.

   1. To Assess Families:

      a. to uncover information about family characteristics.

      b. to uncover information about family strengths.

      c. to uncover information about family perceptions of situations, events, goals, or services.

   2. To Set Goals with Families:

      a. Goals must fit within family structure and not disrupt the system.

      b. Goals should include parents' values, beliefs, and priorities.

      c. Ownership of goals - When family is meaningfully involved in setting goals, it ensures that they will be invested in having goals met.

III. UNDERLYING ASSUMPTIONS

A. Four underlying assumptions when working with families:

   1. Each family is unique.

   2. Family needs are developmental, changing over time.

   3. Family involvement is more than just signing a IEP/IFSP; we must address needs of the family.

   4. Consider how family is embedded within society.

B. Role of the interventionist is to collaborate with the family to establish priorities, identify potential resources, support and assist the family in problem-solving efforts.

C. Two objectives of interviews:

1. to create a trusting and respectful relationship.
2. to gather information.

D. Two important characteristics of effective interviews:

1. Flexibility
2. Structure

IV. CRITICAL COMMUNICATION SKILLS IN INTERVIEWS

Communication is anything and everything we do or say to give information to, or receive information from, another person. Effective communication is when the receiver interprets the message exactly the way the sender intended. Attitudes, perceptions, cultural beliefs, assumptions all affect communication patterns.

A. Effective listening (facilitate characteristics from participants):

1. Nonverbal behaviors: silence, nodding, gestures, eye contact, body position/posture, tone of voice, facial expression.
2. Verbal behaviors: minimal encouragers ("mmhm", "really"), paraphrase, verbal following (reiterating).
3. Nonjudgmental, neutrality, curiosity, exploration with the family of their view of events and situations.

B. Effective questioning:

1. Open-ended questions (e.g., "What's meal time like with Joe?"); more effective than close-ended questions; often get more information on families and their perceptions.
2. Close-ended questions (e.g., "How old is Joe?").
3. Minimal encouragers (e.g., "Really?, "Can you tell me more?").
4. Silent probes: allowing silence to occur, encouraging family to continue or elaborate on topic.

C. Two objectives of interviews:

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  3. Minimal encouragers (e.g., "Really?, "Can you tell me more?").
  4. Silent probes: allowing silence to occur, encouraging family to continue or elaborate on topic.

C. Effective reflection of feelings:

1. Ability to perceive accurately and sensitively a person's feelings.
2. Ability to communicate understanding in appropriate language.
3. Awareness of feelings are often a prerequisite to solving problems.

D. Effective reflection of content:

1. Paraphrase main idea in family member's message.
2. Restate and summarize what has been said.

V. During this time a variety of family assessments will be briefly reviewed with participants. Participants will be divided into small groups and will review and discuss one or two of the assessments of their choice. A family assessment review form will be given to each group to use as a guide during this process. A copy of this form is attached.

Family Assessment Instruments

Instrument	Description	Publisher/Source
Parenting Stress Index (PSI) (Abidin, 1983)	Designed as a parent self-report measure to yield a total index of stress and scores relevant to stressors associated with child characteristics, parent characteristics, and life stress events. The 120-item questionnaire is to be used with parents of children below age 10.	Pediatric Psychology Press 2915 Idlewood Drive Charlottesville, VA 22901
Survey of Family Needs (Bailey & Simeonsson, 1985)	Developed as a 35-item self-report survey for parents to identify needs in six areas: information, support, explaining to others, community services, financial needs, family functioning. A 3-point Likert scale is used.	FAMILIES Project Frank Porter Graham Child Development Center University of North Carolina Chapel Hill, NC
Critical Events Checklist (Bailey, et al., 1986)	Designed as a 8-item checklist to identify the presence of non-developmental and developmental events that may be stressful to the family.	Bailey, et. al., (1986). Family-focused intervention: A functional model for planning, implementing, and evaluating family services in early intervention. Journal of the Division of Early Childhood, 10(2), 156-171.
Parent Behavior Progression (Bromwich, 1981)	Assesses parent-infant interaction and the ability of the parent to enhance the child's development. The observational measure consists of two forms, Form 1 - 0-9 mos. and Form 2 - 9-36 mos., each with six levels. The first three levels focus on parent-infant attachment and the last three levels indicate the parent's involvement in providing growth-promoting activities.	R.M. Bromwich School of Education CA State University Northridge 18111 Nordhoff Street Northridge, CA 91330

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Family Assessment Instruments

Instrument	Description	Publisher/Source
Home Observation of the Environment (HOME) (Caldwell, 1970)	Measure for preschoolers: one version is used in homes when the child is less than 3 years; the other is used if the child is 3-6 years. The major purpose is to identify homes likely to impede or to foster cognitive growth.	Center for Child Development & Education University of Arkansas at Little Rock Little Rock, AK
Parent/Family Involvement Index (PFII) (Cone, 1985)	Objective, 63-item measure of 12 types of parent participation in the child's education program.	Department of Psychology West Virginia University Morgantown, WVA
Questionnaire on Resources and Stress-Friedreich Edition (QRS-F) (Friedreich, Greenberg, & Crnic, 1983)	Assesses four factors: parent and family problems, pessimism, child characteristics, and physical incapacitation via a 52-item true/false questionnaire.	Friedreich, W., Greenberg, M., & Crnic, K. (1983). A short form of the questionnaire on resources and stress. American Journal of Mental Deficiency, 88(1), 41-48.
Family Resource Scale (Leet & Dunst, 198-)	Assess the availability of adequate resources for the family to meet its needs via a 30-item Likert scale.	Western Carolina Center Morgantown, NC
Family Environment Scale (Moos & Moos, 1981)	Ten subscales that measure the social-environmental characteristics of all types of families. Assess 3 sets of dimensions: relationships, personal growth, and system maintenance.	Consulting Psychologists Press Palo Alto, CA
Teaching Skills Inventory (TSI) (Rosenberg, Robinson & Beckman, 1984)	Measures parent-infant interaction via a 10-item 7-point rating scale.	Rosenberg, S., Robinson, C., & Beckman, P. (1984). Teaching skills inventory: A measure of parent performance. Journal of the Division of Early Childhood, 8, 107-113.

Family Assessment Instruments

Instrument	Description	Publisher/Source
Impact on Family Scale (Stein & Riessman, 1978)	Assesses four factors: financial burden, familial-social support, personal strain, and mastery. Designed for families with children who are chronically ill.	Department of Pediatrics Albert Einstein College of Medicine of Yeshiva University 1300 Morris Park Avenue Bronx, NY 10461
Parent as a Teacher (PAAT) (Strom, 1984)	Composite attitude scale revealing how individuals feel about certain aspects of the parent-child interactive system, their standards for assessing the importance of various child behaviors, and their value preferences concerning child behavior.	Scholastic Testing Service, Inc. Bensenville, IL

FAMILY ASSESSMENT REVIEW

Name of Assessment:

Author:

Areas Assessed:

Types of Information Obtained:

Usefulness of Assessment:

Strengths & Weaknesses:

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SESSION II

Topic:	Cultural Sensitivity
Format:	Lecture/Group Activity
Time:	40 minutes

I. CULTURAL SENSITIVITY

A. Discuss in relation to P.L. 99-457 and importance for best practice in family-directed early intervention.

II. CHARACTERISTICS SPECIFIC TO THE PUERTO RICAN CULTURE

Generalizations must be avoided when working with families of any culture. Learning about other cultures should help us to understand individuals in their cultural contexts, rather than reinforce cultural stereotypes. For example, Puerto Rican migration has occurred over more than thirty years, and therefore, individuals demonstrate varying degrees of adaptation to the Anglo-American culture.

A. Primary family relationship

1. Puerto Rican families tend to be male dominated (when there is a father-figure present in the home). The man assumes responsibility for important decisions, and the woman assumes responsibility for child rearing and running the household. **The mother-child relationship is the primary relationship in the family.** Children are expected to be dependent upon adults.

B. Child rearing

1. **Child rearing practices foster dependence and sharing rather than competition.** Structured guidance (for example, developing school readiness skills) often is not valued in the Puerto Rican culture; instead, children are allowed to grow and develop freely. Puerto Rican families tend to follow the advice of older relatives regarding child rearing (rather than professional advice), providing older relatives live near by.

C. Support networks

1. **Puerto Rican families depend primarily on their extended families and immediate neighbors for ongoing support.** By relying on this highly personalized, bilingual, and bicultural support system, the families are able to access multiple supports twenty-four hours a day.

D. Societal responsibilities

1. In the Puerto Rican culture, needs of the community take precedence over the needs of the individual. However, intimate one-to-one relationships are highly valued. **There is an emphasis on social obligation, on being "his brother's keeper".** Also there is a strong sense of conformity that governs actions; "What will the neighbors say?" is a concern.

E. Social etiquette

1. Puerto Ricans tend to be informal in their social interactions; however, when addressing elders, the titles "Don", for men, or "Dona", for women, indicate respect. A written or oral invitation to one's home is not necessary; it is understood that one is always welcome. Gregariousness is encouraged and social interactions come easily. Physical, nonsexual contact with others during social interaction is common; the space that a Puerto Rican keeps between him or herself and another is smaller than in other nonhispanic ethnic groups. Humility is a valued personal characteristic; arrogance is frowned upon.

F. Names

1. Under the Spanish system, which is also used in Latin America, when Josefina Alvarez marries Esteban Gonzalez, she now becomes known as Josefina Alvarez (de) Gonzalez. She would never be known by her husband's last name, as in the U.S. system. Children of Josefina and Esteban will retain both parents' surnames, that of the father considered the primary last name, preceding that of the mother. Hence their son Antonio would write his full name as Antonio Gonzalez Alvarez (commonly abbreviated to Antonio Gonzalez A.), although the mother's surname (Alvarez) may not be used all the time.

G. Sense of time

1. Puerto Ricans often choose to "live in the present" rather than plan for the future. Long-range planning and preparation tends to be informal. Time frames are very flexible and punctuality is not highly valued. In addition, the completion of any social transaction is more important than following a fixed schedule.

H. Belief in fate

1. Within the Puerto Rican culture, a common belief is that destiny or fate controls the outcome of their lives. Thus, often times one's condition in life is accepted without question. This concept is strongly based on religious beliefs.

III. RECOMMENDATIONS FOR INTERVENTIONIST

A. Elicit recommendation from participants, and record on flip chart.

B. Discuss recommendations dictated by participants and expand with the following strategies:

1. Demonstrate awareness and respect.
2. Include older relatives and friends in intervention strategies.
3. Do not duplicate services provided by extended family, and offer to assist family in locating other needed services.
4. Identify and use the preferred names.
5. Demonstrate awareness and respect of Puerto Rican community.
6. Eye contact should not be intense (especially between the opposite sexes/may be inferred as intimidation or flirtation).
7. Reminders of scheduled appointments are initially helpful, with an added explanation about the Anglo-American structured sense of time.
8. Recognize and respect spiritual heritage of family, and dispel beliefs that may be harmful to the child.
9. Initiate referral and assist with obtaining services if desired by the family.
10. Provide home visitors of the same culture, and language whenever possible.
11. Assure that materials for families are available in the primary language.
12. Develop strong linkages with cultural advocacy groups.

13. Focus on what the family wants, rather than what the program and staff want to provide.
14. Allow the client to choose seating, to provide comfortable personal space and eye contact.
15. Avoid slang, technical jargon and complex sentences.
16. Use open-ended questions or questions phrased in several ways to obtain information.
17. Determine the client's reading ability before using written materials in the process.
18. Check for client understanding and acceptance of recommendations.
19. Understand own culture values and biases.
20. Promote positive change.[1]

IV. INTENT OF LANGUAGE

A. Group exercise - break group into 3-4 smaller groups giving each group a dictionary (each from a different publisher).

B. Assign words red, white, black, brown and yellow - one to each group.

C. Write definitions on board re: What positive or negative connotations each word expresses. i.e. "I'm in a black mood", "White as snow", "You're yellow."

D. Implications of language for best practice re: cultural sensitivity.

E. Implications of language for best practice in early intervention (i.e., handicapped child vs. child with a disability).[2]

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[1] Pediatric Research and Training Center (1987). An introduction to cultural sensitivity: Working with Puerto Rican families in early childhood special education. Farmington, CT: Division of Child and Family Studies, Department of Pediatrics, University of Connecticut Health Center.

[2] Source: Edelman, L. (1991). Getting on Board: Training Activities to Promote the Practice of Family-Centered Care. Bethesda, MD: Association for the Care of Children's Health.

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SESSION II

Topic:	Family-Directed Care
Format:	Video/Discussion "Heart to Heart"
Time:	60 minutes

I. FAMILY-DIRECTED CARE

A. Participants will view selections of video highlighting:

1. principles of family-directed care
2. cultural diversity
3. strengths and needs of parents with an infant or toddler with a disability
4. role release for professionals

II. DISCUSSION

A. Discussion will focus on the philosophies that were supported in the film and their implications in the development of early intervention programs. Below is the philosophy of family-directed care:

1. Infants and toddlers are uniquely dependent on their families for their survival and nurturance. This dependence necessitates a family-directed approach to early intervention.
2. States and programs should define "families" in a way that reflects the diversity of family patterns and structures.
3. Each family has its own structure, roles, values, beliefs, and coping styles. Respect for and acceptance of this diversity is a cornerstone of family-directed early intervention.
4. Early intervention systems and strategies must reflect a respect for the racial, ethnic, and cultural diversity of families.
5. Respect for family autonomy, independence, and decision making means that families must be able to choose the level and nature of early intervention's involvement in their lives.
6. Family/professional collaboration and partnerships are the keys to family-directed early intervention and to successful implementation of the IFSP process.

7. An enabling approach to working with families requires that professionals re-examine their traditional roles and practices and develop new practices when necessary. Practices should promote mutual respect and partnerships.
8. Early intervention services should be flexible, accessible, and responsive to family needs.
9. Early intervention services should be provided according to the normalization principle, that is, families should have access to services that are provided in as normal a fashion and environment as is possible. These services should promote the integration of the child and family within the community.
10. No one agency or discipline can meet the diverse and complex needs of infants and toddlers with special needs and their families. Therefore, a team approach to planning and implementing the IFSP is necessary.[1]

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[1] Source: Family Centered Care, Association for the Care of Children's Health, 615 Wisconsin Avenue NW, Washington, DC, with the support from the Office of Maternal and Child Health, U.S. Department of Health & Human Services through Grant #MCJ113793.

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SESSION II

READINGS

Dunst, C., Trivette, C., & Deal, A. (1988). Enabling and Empowering Families: Principles and Guidelines for Practice. Cambridge, MA: Brookline Books. Chapter 6.

Hanson, M.J., Lynch, E.W., & Wayman, K.I. (1990). Honoring the cultural diversity of families when gathering data. TECSE, 10(1), 112-131.

Seligman, M., & Darling, R.B. (1989). Ordinary Families, Special Children: A Systems Approach to Childhood Disability. New York: The Guilford Press. Chapter 1.

REFERENCES

Bricker, D.D. (1986). Early education of at-risk and handicapped infants, toddlers, and preschool children (pp. 34-61). Glenview, IL: Scott Foresman and Company.

Children's Defense Fund. (1984). 94-142 and 504: Numbers that add up to educational rights for handicapped children. Washington, DC: Children's Defense Fund.

Linder, T.W. (1983). Early childhood special education: Program development and administration. Baltimore: Paul H. Brookes Publishing Co.

Smith, B.J., & Strain, P.S. (1988). Early childhood special education in the next decade: Implementing and expanding P.L. 99-457. Topics in Early Childhood Special Education, 8(1), 37-47.

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SESSION III

Agenda

Individual Family Service Plans (IFSP's) and Evaluation

Length:	Topic:	Format:
15 minutes	Overview	
60 minutes	Child Assessment	Lecture/Activity
50 minutes	Team Process	Lecture/Video
15 minutes	Break	
35 minutes	Transdisciplinary goal settings	Lecture/Activity
60 minutes	Definition of an IFSP/the IFSP Process	Lecture/Discussion
30 minutes	"IFSP"	Video/ Discussion

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SESSION III

OBJECTIVES

At the completion of this session, participants will be able to identify:

1. child assessment issues and practices.
2. understand the unique characteristics of a team in early intervention.
3. be aware of factors that enhance and distract from effective team functioning.
4. long term goals based on family-directed practice.
5. instructional goals that reflect transdisciplinary programming.
6. the similarities and differences between the IEP and IFSP.

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SESSION III

Topic:	The Child Assessment Process
Format:	Lecture/Activity
Time:	60 minutes

I. METHODS OF ASSESSMENT

A. **Direct test:** form of assessment in which a set of standard tasks in presented using predetermined administration procedures, then interpreted in a standard manner.

Standardized and norm-referenced tests are administered this way. Criterion-referenced can also be done this way but they typically allow more flexibility with presentation, materials, etc.

1. Strengths

a. provides objective data,

b. provides a means of evaluating the effectiveness of broad intervention efforts.

2. Limitations

a. provides a restricted picture of a child's abilities under artificial conditions,

b. may be unfair for children with disabilities, particularly those with sensory or motor impairments.

B. **Observation:** the observation and recording of behavior as it naturally occurs across a variety of settings. It is important to observe several natural settings to get a valid picture of the child.

1. Strengths

a. represents a sample of the child's typical behavior within typical settings and routines,

b. information can be collected across a variety of skill areas,

c. can measure types and quality of learning experiences the child is currently receiving,

d. provides information that cannot be obtained from other assessment procedures.

C. **Interviews/Questionnaires:** yield information about family perceptions of their child's abilities, events such as transitions or medical procedures, and priorities for services. These can be highly structured and specific or very unstructured. The underlying assumption is that the individual being interviewed or completing the measure has carefully observed the child and can accurately describe the behavior. The person interviewed can be a parent, physician, social worker, day care provider, or other service provider.

1. Strengths

a. fast,

b. can collect information that might not be otherwise observed,

c. allow contact with families in a manner that lets them know that their opinions are valued and respected.

2. Limitations

a. parents and professionals may not agree on ratings of children's abilities and behavior.

II. BEST PRACTICE IN CHILD ASSESSMENT

A. Facilitate from participants. Write responses on the board and discuss best practices used to assess infants and toddlers.

1. Involve family members.
2. Prior to testing, find out as much background information on child as possible - hearing, vision, general health status, glasses, etc.
3. Establish rapport with child.
4. Determine communication system of child.
5. Position child appropriately.
6. If possible, assess during the best time of day for the child.

7. Assess in an environment that is natural and comfortable for the child.

8. Use a variety of toys. Determine those that are motivating for the child.

9. Assess on more than one occasion to get a accurate picture of the child.

10. Assess across domains as much as possible.

11. Use a variety of assessment tools and techniques including both formal and informal

12. Read the child's cues.

III. A number of child assessment tools will be available for the participants to review and discuss in small groups. A child assessment review form will be given to the groups for use as a guide in reviewing and discussing the assessments. A copy of this form is attached. During the last 10 minutes each of the small groups will give a brief overview of the assessment instrument they reviewed.

AVAILABLE ASSESSMENT INSTRUMENTS FOR USE WITH BIRTH TO THREE YEAR OLDS

Purpose	Instrument	Type
Screening	Denver Development	Norm-referenced Screening Test
	Battelle Developmental Screening	Norm-referenced
	Home observation for Measuring the Environment	Environment-based
	Movement Assessment for infants	
	Milani Comparetti Motor Development Screening Test	
Identification	Bayley Scales of Infant Development	Norm-referenced
	Battelle Developmental Inventory	Norm-referenced
	Peabody Motor Scales	Norm-referenced

Program Evaluation	The same norm-referenced tests used for identification. The same criterion-referenced tests used for program planning.

Norm-Referenced: Test is given to a large group of children and all the children's scores are plotted to develop patterns of abilities. Score obtained is a score which compares the child to the other children.

Criterion-Referenced: Test is based on a predetermined set of skills. A standard criterion is used to score each item. Score adding is a result of totaling the items that the child passed. Scores are sometimes given in age level in relation to normal development of the skills.

Standardized: Test is administered using a standard set of materials, administrative procedures, scoring procedures and score interpretations.

CHILD ASSESSMENT REVIEW

Name of Assessment:

Author:

Publisher:

Address:

Cost:

Population Recommended for:

Type of Test: (standardized, criterion-referenced, etc.)

Validity Data:

Reliability Data:

Norming Sample Data:

Training Needed:

Materials Needed:

Types of Scores Obtained:

Ease of Administration:

Usefulness of Assessment:

Strengths and Weaknesses:

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SESSION IV

Topic:	Team Process
Format:	Lecture
Time:	50 minutes

I. TEAMS IN EARLY INTERVENTION

A. A team is a group of people who are working together based upon a common philosophy and common goals.

B. The role of the team in early intervention is to plan the program for the child based on the principles of family-directed care.

C. The early intervention team is comprised of parents (caregivers) and professionals.

D. The IFSP is developed as part of the decision making process of a team:

1. for the purpose of designing intervention for infants and toddlers with disabilities and their families,

2. according to the guidelines of P.L. 99-457, Part H.

II. TEAM MEETINGS

A. Purposes of Team Meetings:

1. To collect information

2. To disseminate information

3. To solve problems and make decisions

4. To plan

5. To teach, learn and share professionally

6. To build and maintain the team

B. Guidelines for Team Meetings

1. Have a facilitator--someone who can help lead discussions and organize the meetings, record information on wall charts and help the group identify and implement goals and objectives.
2. Rotate facilitator.
3. Have frequent regular meetings that are short and are within the allotted time frame.
4. Plan and prepare for meetings.
5. Have a structure for the meeting that includes an agenda and follow through plans with time frames.
6. Follow the agenda - stick to time limits.
7. Each person on the team should have an opportunity to set the agenda or add to the agenda.
8. Define roles for everyone
9. Take minutes and send to everyone.
10. Evaluate meeting. Allow for everyone to give feedback about the meeting and be part of the team.
11. Have a balance between being task oriented and allowing people time to discuss things.
12. Find ways to include parents:
    a. Prepare them for what to expect; i.e., agenda, purpose, time frame, who will be there, the room set-up, etc.
    b. Give them a role; e.g., to share about their child and what he or she is like at home, what their priorities are for their child's program plan. Prepare them ahead of time so they will have a chance to think about it before the meeting.
    c. Let all team members know that parents will be at the meeting and to include them by communicating to them, not using professional jargon, addressing comments to them, etc.

d. Give parents an opportunity to add to the meeting agenda.

e. Encourage parents to write down any questions they might want to ask at the meeting.

C. Tools for Team Meetings

1. Agenda forms (show and give examples).
2. Meeting record (show and give examples).
3. Meeting evaluation form (show and give examples).
4. Keep a log of accomplishments, team activities, and completed tasks of whatever is important to the team.
5. Have a consistent meeting format (e.g., first 15 minutes for logistics, next hour for case reviews, last half hour for program development or journal reviews).
6. Use graphics for problem solving and building agendas.
7. Use video tapes for reviewing children.[1]

III. TYPES OF TEAMS IN EARLY INTERVENTION

A. The types of teams that typically function within early intervention are:

1. multidisciplinary
2. interdisciplinary
3. transdisciplinary

B. The 3 components that differentiate the types of teams are the:

1. role of the family on the team
2. mode of communication between team members
3. mode of intervention

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[1] Source: Green-McGowan, K. (1985). Growth strategies design (pp. 123-143). Peachtree City, GA: KMG Corporation.

C. On a multidisciplinary team the professionals represent their own disciplines providing assessment and intervention including individual goal setting, report writing, and discipline specific direct intervention to the child and/or family.

  1. The planning, implementation, and evaluation process is shared with the parent through an "informing" method.

  2. There is minimal integration across the disciplines and family participation is as a passive recipient of information about their child.

D. On an interdisciplinary team, each of the professionals carry out individual assessments and interventions. The degree of communication between the professionals and the family represents a formal commitment to the sharing of information throughout the process of assessment, intervention, planning and implementation.

E. On a transdisciplinary team, the members share roles and systematically cross discipline boundaries. The role differentiation between disciplines is defined by the needs of the situation. Assessment, intervention, and evaluation are carried out by a designated team member, depending on the decisions of the team. The purpose of this approach is to pool and integrate the expertise of the team members so that more efficient and comprehensive assessment and intervention plans and services may be provided.

F. A transdisciplinary team is characterized by:

  1. joint team effort

  2. joint staff development

  3. role release

G. Cooperation is inherent in this model. Members perceive that they can attain their goal if other team members also obtain their respective goals. The cooperative, transdisciplinary team model occurs:

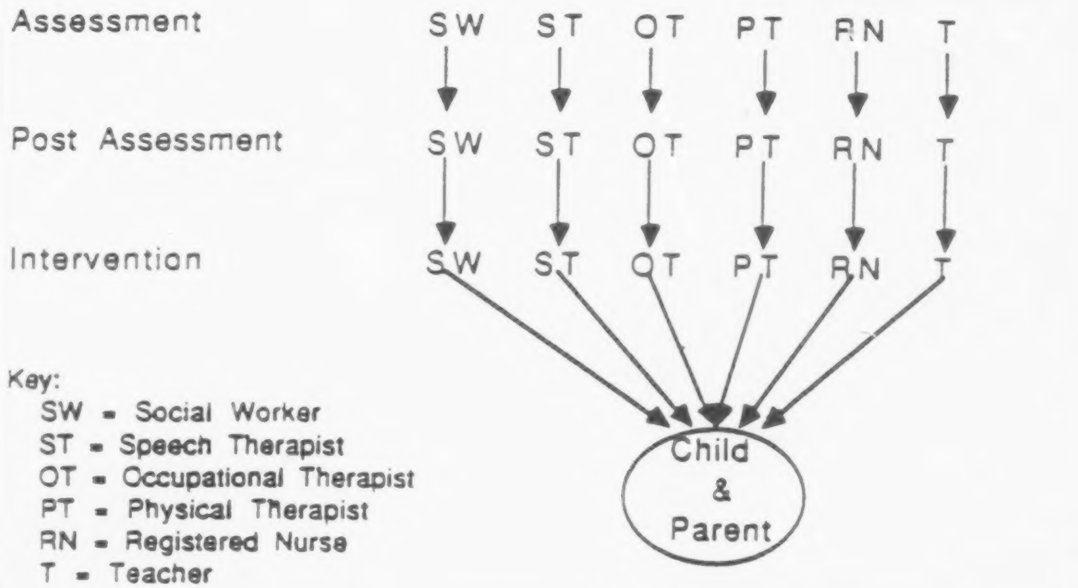
  1. when team members develop positive interdependence

  2. practice collaborative skills

  3. monitor and discuss their performance of collaborative behaviors

MULTIDISCIPLINARY TEAM

In this team model, assessment and service delivery are provided by different professional disciplines in isolation from one another. Each discipline recognizes that the other disciplines provide important contributions, but each works independently of the others. This type of team model was originally designed to meet the needs of patients in medical settings.


Assessment
Post Assessment
Intervention
SW ST OT PT RN T
SW ST OT PT RN T
SW ST OT PT RN T
Child & Parent

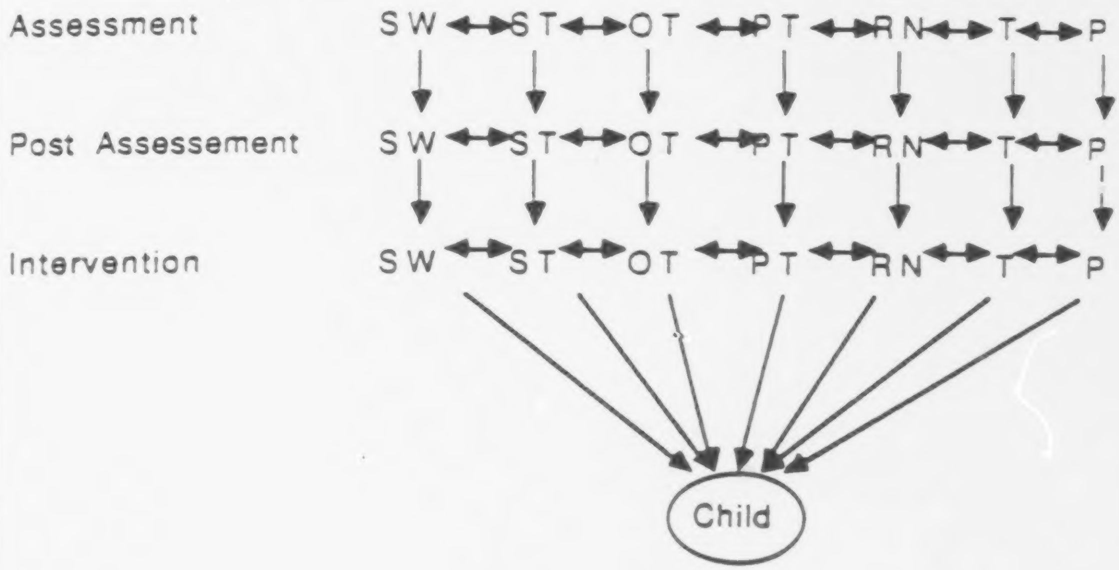
Key:
- SW = Social Worker
- ST = Speech Therapist
- OT = Occupational Therapist
- PT = Physical Therapist
- RN = Registered Nurse
- T = Teacher

Report findings and program plan to parents.

Source: Project KAI, 77B Warren Street, Brighton, MA 02135
Geneva Woodruff, Project Director; Chris Hanson, Project Coordinator

INTERDISCIPLINARY TEAM

In this model, service delivery is a jointly planned program developed by different professional disciplines. Even though the program is jointly planned, with implementation, professionals may deliver their services in isolation from the other disciplines.



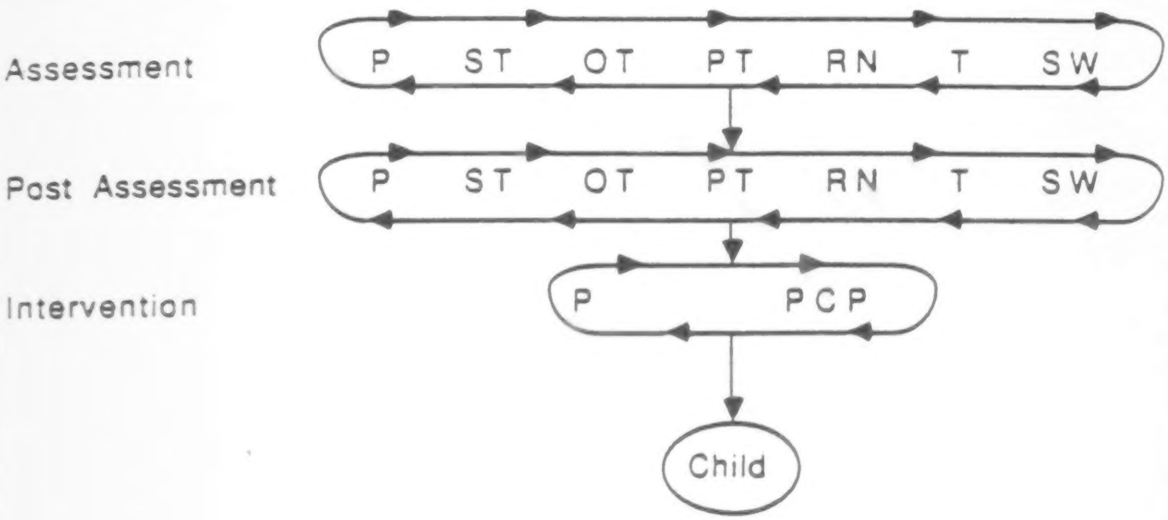
Assessment
Post Assessement
Intervention
SW
ST
OT
PT
RN
T
P
Child

Key:
SW = Social Worker
ST = Speech Therapist
OT = Occupational Therapist
PT = Physical Therapist
RN = Registered Nurse
T = Teacher
P = Parent

Source: Project KAI, 77B Warren Street, Brighton, MA 02135
Geneva Woodruff, Project Director; Chris Hanson, Project Coordinator

TRANSDISCIPLINARY TEAM

In this model, service delivery requires the different disciplines to teach, learn, and work together across their own discipline boundaries. It also includes paraprofessionals and families as team members. This extension creates an integrated approach to providing services to children and their families. One or a few key people, called **primary care providers** implement most of the child's program, while other professionals serve as consultants to the primary providers of services.



Key:
- P = Parent
- ST = Speech Therapist
- OT = Occupational Therapist
- PT = Physical Therapist
- RN = Registered Nurse
- T = Teacher
- SW = Social Worker
- PCP = Primary Care Provider

Source: Project KAI, 77B Warren Street, Brighton, MA 02135
Geneva Woodruff, Project Director; Chris Hanson, Project Coordinator

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AGENDA

Time Keeper: ____________________

Date: ____________________

Planned Time	Agenda Item	Start	Finish	Actual Time	+ Early - Late √ On time

MEETING ______________________ DATE ____________
FACILITATOR ____________________ RECORDER ____________

WHAT WORKED ABOUT THE MEETING?

WHAT DIDN'T WORK ABOUT THE MEETING?

COMMENTS FOR THE FACILITATOR - PRAISE AND SUGGESTIONS

WHAT WOULD YOU DO TO MAKE THIS MEETING BETTER?

OTHER COMMENTS:

PLEASE COMPLETE THIS FORM AS THE MEETING OCCURS AND GIVE IT TO THE FACILITATOR FOLLOWING THE MEETING.

USING MY OWN PARTICIPATION: HOW MANY TIMES DID I SPEAK? __________

MEETING RECORD

Date: ____________________

People in Attendance: ____________________

Agenda	Decisions/Accomplishments	Assigned Responsibilities Who	When	Future Considerations/ Problem Area

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SESSION III

Topic:	Transdisciplinary Goal Setting
Format:	Lecture/Activity
Time:	30 minutes

I. TRANSDISCIPLINARY PROGRAMMING

A. Transdisciplinary programming is crucial to bet practice in early intervention as it leads to instructional goals that reflect families needs and strengths.

II. GOAL SETTING

A. Rationale for collaborative setting goals with families:

1. Studies have shown that ownership goals are a critical factor in accomplishing goals
2. Improves relationship, trust, respect
3. People, and therefore families, will cooperate more readily when their needs are being addressed

B. How to set goals with families:

1. Utilize the interview format (Winton & Bailey). (Interview changed 25% of goals written for families in Bailey's study. They become more specific after being written with families.
2. Interventionist's role is to establish priorities, identify potential resources and support, and assist families in efforts to solve problems.
3. Base goals on family's stated needs (if they don't say it's a need, don't make it a goal).
4. "Most adequate solution to a family's problem lies within the family's own definition of reality" (Berger, 1986). The interview helps identify reality and solutions.
5. Clear communication is needed to identify needs and realistic ways to meet those needs.

6. Interventionist may ask, "Are there any goals all of you agree on and see yourselves working toward together right now?", "How will you know when that goal is achieved?"

7. Be clear on who the intervention target is.

8. Set realistic goals so that families are able to experience success.

9. Teamwork is not "getting someone else to do what I want them to do."

10. Develop mutual respect for shared commitment (Bailey, D.B., 1988).

C. Criteria for developing IFSP long term goals:

1. Social validity - the skills are valued by the family.

2. Functionality - the skills will foster the child's independence.

3. Achievable - the child can be successful.

4. Realistic - the skills are based on the needs assessment.

5. Comprehensive - the skills address acquisition, generalization, maintenance, and adaptation.

6. Appropriate behavior - the skill fosters normalization.

7. Measurable - change can be observed.

III. RECOGNIZING FAMILY COMPETENCIES AND STRENGTHS

A. All families have competencies and strengths. Strengths may include the ability to get services, to use informal support systems, to provide a supportive environment.

B. The major principle of family Empowerment is based upon an understanding of family strengths and needs.

C. Review the application of transdisciplinary goal setting based upon an understanding of needs of families.

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SESSION III

Topic:	Definition of an IFSP/ The IFSP Process
Format:	Lecture/Discussion
Time:	50 minutes

I. DEFINITION OF AN IFSP/ THE IFSP PROCESS

A. Individual Family Service Plan is the statement of an early intervention team, of which the family is the focal point, of the strengths and needs of a family with a child with a disability.

B. The components of an IFSP include:

1. a statement of the child's present level of development (cognitive, speech/language, psychosocial, motor, self-help).

2. a statement of family's strengths and needs in relation to the child's development.

3. a statement of major outcomes to be achieved with the child and family, with criteria, procedures and timelines for determining progress.

4. specific early intervention services necessary to meet the unique needs of the child and family, including method, frequency and intensity of services.

5. projected dates for initiation of services and expected duration of services.

6. name of case manager.

7. procedures for transitioning from early intervention to preschool services.

C. Components of the IFSP and the IEP -

IFSP	IEP
1. current level of functioning	1. current level of functioning
2. family strengths and needs	2. not addressed
3. major outcomes	3. major outcomes
criteria	criteria
procedures	procedures
timelines	timelines
4. specific program services	4. specific program services
frequency	frequency
intensity	intensity
method	method
5. dates of initiation and anticipated duration	5. dates of initiation and anticipated duration
6. case manager	6. not addressed
7. transition to Part B, preschool	7. not addressed

D. Outcomes of the IFSP process:

1. An IFSP outcome is a statement of the changes family members want to see for their child or themselves.

2. An IFSP outcome should use the family's language and avoid professional jargon.

3. An outcome can focus on any area of child development or family life that a family feels is related to its ability to enhance the child's development.

4. An outcome must be functionally stated in terms of what is to occur (process) and what is expected as a result of these actions (product).

5. Can have one outcome that targets 2 or more family members, e.g., family wants to include child with disability in vacation plans.

6. Professional behavior should not be targeted as it does not foster family empowerment and it does not assure change on part of family member(s).

7. Outcome Specification

   a. Outcomes should be evaluated.

b. Measurement criteria should fit intent of goal. (e.g., when implementing therapeutic technique measures such as numbers or % of steps correctly performed may be appropriate).

c. Outcome is clearly written if there is agreement between at least two people that the outcome can been met.

8. Maintenance and Generalization

   a. Address skill maintenance and generalization as well as skill acquisition.

   b. Ultimate goal is to help families solve problems and adapt to new situations.

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SESSION III

Topic:	"IFSP"
Format:	Video/Discussion
Time:	30 minutes

I. VIDEO

A. Show video "IFSP".

B. Ask group to watch video paying specific attention to:

1. components of IFSP
2. outcomes of IFSP process
3. products expected of IFSP process

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SESSION III

READINGS

Bailey, D. (1987). Collaborative goal-setting with families: Resolving differences in values and priorities for services. Topics in Early Childhood Special Education, 7(2), 59-71.

Deal, A.G., Dunst, C.J., & Trivette, C.M. (1989). A flexible and functional approach to developing Individualized Family Support Plans. Infants and Young Children, 1(4), 32-43.

McGonigel, M.J., & Garland, C.W. (1988). The individualized family service plan and the early intervention team: Team and family issues and recommended practices. Infants and Young Children, 1(1), 10-21.

National Early Childhood Technical Assistance System & Association for the Care of Children's Health (1989). Developing the IFSP: Outcomes, strategies, activities and services. In B.H. Johnson, M.J. McGonigel & R.R. Kaufman (Eds.), Guidelines and recommended practices or the Individualized Family Service Plan (pp. 41-49). Washington, D.C.: ACCH.

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Bailey, D., & Wolery, M. (1984). Teaching infants and preschoolers with handicaps. Columbus, OH: Merrill Publishing Co.

Bickman, L., & Weatherford, D. (1988). Evaluating early intervention programs or severely handicapped children and their families. Austin, TX: PRO-ED.

Bricker, D., & Littman, D. (1982). Intervention and evaluation: The inseparable mix.

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SESSION IV

Agenda

IFSP's (Cont'd.)

LENGTH:	TOPIC:	FORMAT:
15 minutes	Overview	
75 minutes	Developing an IFSP/ Case Study	Lecture/Discussion/ Activity
10 minutes	Break	
40 minutes	Activity Based Instruction	Lecture/Activity
10 minutes	Break	
40 minutes	Settings for Instruction	Lecture/Video
40 minutes	Program Evaluation	Lecture

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SESSION IV

OBJECTIVES

At the completion of the session, participants will be able to identify:

1. the seven components of the IFSP.
2. the components of the IFSP process.
3. factors that enhance IFSP development.
4. be familiar with the definition and principles of activity based instruction.
5. typical activities in which infants and toddlers participate and identify goals that could be addressed within those activities.
6. the variety of settings in which early intervention takes place.
7. the role of program evaluation in early intervention services.

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SESSION IV

Topic:	Developing an IFSP/Case Study
Format:	Lecture/ Group Discussion
Time:	75 minutes

I. IMPLEMENTATION

A. Overview: Pulling together of families' priorities, what is known about the child and how to move forward with this information.

1. Resources and services, to the extent possible, should reflect a range of options that are guided by principle of normalization.

2. Resources and services, to the extent possible, should be community-based and provided at locations close to the family.

3. Early intervention programs must be responsible to the broad based needs of children and families, although no one program can be expected to provide all services to all families.

4. Implementation of IFSP should emphasize promoting family independence and interdependence with members of their community.

5. IFSP's must be responsive to the changing needs of children and families. IFSP's should constantly be revised.

B. Home Visits

1. Agenda Setting - Agenda should be flexible. Include how much time to focus on child outcomes and how much to focus on family outcomes. Be flexible enough to change plans if the family has more immediate needs that you had not anticipated.

2. Objectives - Purpose is to outline objectives for both the child and family that will be covered for visit. Should also include functional activities to be used to address the objectives.

3. Leave written record of important things discussed that you want the family to have a copy of (example: clinic note).

II. EVALUATION

A. Formative: ongoing monitoring of child and family progress. This can take the form of documenting child, family, and intervention characteristics as the intervention is implemented.

B. Summative: Purpose is to demonstrate that the interventions caused or contributed to expected child or family change. (e.g., pre/post test, statistical procedure to document achievement of program objectives, parent satisfaction).

1. Child Data:
   Pre/post tests
   Data on progress of objectives

2. Family Data:
   Pre/post tests
   Anecdotal
   Family Satisfaction (summative)

III. CASE STUDY

A. Give participants case study - "First Knowledge".

B. Organize group into a team.

C. Have team develop IFSP paying specific attention to priorities of Donaldson family. Focus on goals as identified by the family.

First Knowledge

Jack and Mae Donaldson live on a modest income in the small town where they both grew up. Their son, Billy, was born 2 1/2 months prematurely. The child required resuscitation at birth, suffered a mild ventricular hemorrhage, and was diagnosed as having severe bronchopulmonary dysplasia. When Billy was fourteen months old, his pediatrician referred the family to the county early intervention team for a formal evaluation. There are concerns about Billy's motor development (spasticity in lower extremities), his failure to gain weight, chronic respiratory infections, speech delays, and delays in overall cognitive development. Mae and Jack don't share quite the same concerns about their son, Billy; nor are they in complete agreement about other family issues such as childcare. The case focuses on the referral and assessment process conducted by the team with the Donaldson family. The case provides summaries of the information gathered by individual members of an interdisciplinary team.

First Knowledge

(A Team Role Play)

A FATHER'S PERSPECTIVE (Jack Donaldson)

Jack Donaldson is 23 years old. He and his wife, Mae, (also 23 years old) live in a modest rental house in a small town where they both grew up. Jack and Mae have known each other since Junior High School and married a year after graduation from Senior High School. They have a son, William ("Billy"), who is 14 months old. Billy was born 2 1/2 months prematurely and has had considerable health problems since birth.

Jack is an auto mechanic and works in a local garage. He started working at the garage when he was 15 years old as an after school job and during summer vacations. Following graduation, he started working full time at the same garage. His boss, Harold Shanks, is an old friend of the family. Harold used to do all of the mechanical work at the garage himself, but he is getting up in age and hired Jack to relieve himself of some of the heavy work. Jack likes his job at the garage. He has always loved working on cars and knows that he's pretty good at it. The garage has a good reputation in town. Jack doesn't earn a great deal of money, but he makes enough to get by.... or at least he did until Billy was born.

Jack is worried about his family's financial situation. He was brought up to believe that you only buy what you can pay for up front. Like his own parents, Jack had never gone into debt for anything before in his whole life. But now, he was in debt. He was in debt to the hospital for Billy's 7 1/2 week stay in the neonatal intensive care unit after his birth. He was also in debt to Billy's pediatrician and to the hospital equipment rental company from whom they rented oxygen equipment and a heart monitor for the first month and a half after Billy came home. Although Jack paid a little on these bills every month, he was not comfortable at all with owing so much money.

A big factor in these financial problems was the family's health insurance coverage. Harry Shanks only had one other man besides Jack working for him, so he couldn't offer any sort of company health insurance. Jack had a private family coverage plan, but it didn't pay very well. There was a large deductible to meet and the policy only paid 80% after that. Jack had thought about quitting his job at the garage and taking a job at the International Glass Company. His father, along with a large percentage of the men and women in town, worked at International Glass. They paid good money and had great benefits that included a a good health coverage policy. Jack dreaded the idea of quitting his job at the garage, but he thought that he might have to just for the money. His father was a foreman at the glass company and had already suggested that Jack apply. He said that he could help get Jack on at a decent salary.

Another way of easing the family's financial difficulties would be for Mae to go back to work at the drugstore where she had worked since graduation. After all, that had been the original plan when Mae got pregnant. She was going to stay at home with the baby for a year and then go back to work at least part-time so they could save money for a down payment on a house. Jack's mother would probably provide child care. She lived close by and didn't work herself. But Mae seemed to have forgotten the original plan. Billy was now 14 months old and Mae hadn't once mentioned the idea of her going back to work. Jack had tried to talk to her about it once or twice but Mae just seemed to push the subject off. She said something about going back to work when Billy was a little stronger and wasn't sick so often.

So far as Jack was concerned, Billy was stronger and he wasn't sick nearly as often as he was before. In fact, Jack was concerned that maybe Billy as being coddled a little too much. Up until just recently, Mae had done most of the caring for Billy. She stayed with him at the hospital when he was sick, took him to the doctor's, handled all of his medication, fed him, changed him, and got up with him at night when he was crying. The fact was, Jack didn't know too much about taking care of little babies and he had been afraid of doing something wrong when Billy was younger. He had been especially reluctant to care for Billy while he was still on oxygen. But now Billy didn't seem fragile at all and Jack enjoyed playing with him and taking him into town in his truck to run errands.

About a month ago, Billy's doctor suggested that Mae have Billy evaluated by the county early intervention program. The doctor was concerned that Billy wasn't catching up like he should be. He was also concerned that Billy's legs were too tight and that this might hold him back in terms of learning to walk. Jack is well aware that Billy isn't doing all of the things that a boy his age should be able to do. He can sit up, he can crawl (although a bit peculiarly), and he is just starting to try pulling up on the coffee table and the sofa. Jack knows that most kids can walk by the time they are a year old so he is somewhat concerned. In fact, he has taken it upon himself to work on getting Billy to stand up and walk while holding onto his hands. Mae is too afraid that Billy will fall and get hurt. She's overprotective and doesn't let Billy take risks.

So far as other things go, Jack doesn't see where Billy is so different from y other kids... especially considering he was born prematurely and lost some time from being sick so much as an infant. Billy is starting to play with toys (banging and throwing) and laughs at Jack when he tosses him in the air or otherwise roughhouses with him. Billy can't talk yet, but he points his finger at what he wants and grunts until he gets it.

Mae wanted to take Billy to the early intervention program because the doctor said she should. She said she was a little worried herself about Billy's not walking yet and that he was so jerky in his movements. Jack didn't like the idea very much, but he agreed with it because he could tell how important it was to Mae. So, Mae called and a woman from the program came out to the house one evening to talk to both of them and to see Billy. The woman wanted to know all about Billy's birth, his past illnesses, and how they felt about what he was doing and not doing. Mae did most of the talking because she knew most about all of Billy's medical problems.

Jack felt rather uncomfortable during the entire visit. He didn't particularly like the idea of talking to a complete stranger about their personal affairs. It just wasn't his style. The only thing Jack talked about during the visit was wanting Billy to learn how to stand up and walk and that he felt it was important for Billy to get out more and "see the world" like any other boy would. Mae talked to the woman about (a) Billy needing to put on weight and eat more solid food, (b) Billy's not sleeping through the night, (c) getting Billy to talk, and (d) Billy's being sick so often.

Today was the day that the rest of the team saw Billy and did their assessments. Jack took the day off from work and went with Mae to the Center although he really didn't want to. He would much rather have had Mae take Billy by herself. But Mae thought it would look bad if they didn't both go, so he went along for her sake.

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First Knowledge: (A Team Role Play)

REFERRAL INFORMATION

Child's Name: William ("Billy") Donaldson
Child's Age: 14 months
Mother's Name: Mae Donaldson (Age: 23)
Mother's Occupation: Housewife
Father's Name: Jack Donaldson (Age: 23)
Father's Occupation: Auto mechanic

William ("Billy") is the Donaldson's first child. He was born 2 1/2 months prematurely and weighed 2 lbs. 14 oz. at birth. The child required resuscitation at birth and was taken to the neonatal intensive care unit (NICU) where he remained for 7 1/2 weeks. The child was on a respirator for the first week of life and remained on oxygen throughout his hospital course. The child suffered a mild intraventricular hemorrhage early in the course of his hospitalization and was also diagnosed as having severe bronchopulmonary dysplasia. Heightened bilirubin levels necessitated a course of phototherapy.

At the time of discharge from the NICU, Billy weighed approximately 4 1/2 pounds. The mother was taught how to administer oxygen and arrangements were made by the family to rent equipment for home use. The oxygen was slowly tapered off and the child was on room air within 1 1/2 months of discharge. Billy has had chronic respiratory infections over the past year. He has been hospitalized twice for pneumonia and once for what appeared to be an asthma attack. Nevertheless, Billy's respiratory problems seem to be getting somewhat better. The frequency of infections has dropped considerably over the past 3 or 4 months.

Billy was referred to the early intervention program on the advice of the Donaldson's private pediatrician, Dr. Alex Schaeffer. Dr. Schaeffer is concerned about the child's failure to gain weight (below 3rd percentile), apparent tightness/spasticity in the lower extremities, and global developmental delays beyond what might be expected due to prematurity alone. Up to this point, the child has not been formally evaluated with respect to developmental progress.

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RANDALL COUNTY EARLY INTERVENTION PROGRAM

Setting and Services

The Randall County Early Intervention Program (EIP) provides services to handicapped and high risk infants and preschoolers (ages birth through 5 years) and their families in a small county of a northeastern state. The county is composed primarily of small towns but has some outlying rural areas. For the most part, the area is fairly stable. Many of the families have lived here for a long time and large kinship groups (extended family) are quite common. The majority of the population are blue collar workers; many of them working in the same factories or mills where their parents are or were employed.

The EIP serves 50-65 children and their families at any one time. The children vary considerably in the severity of their handicaps; ranging from high risk to multiply and profoundly handicapped. The program provides both home-based early intervention services (averaging once a week visits) and center-based classroom services. The majority of infants (ages birth through 2 years) receive home visits; whereas, the preschool-aged children (ages 3 through 5 years) are primarily served in the classroom.

Although this division of services is the norm, there are exceptions. For example, some of the infants of families where both parents work are enrolled in the classroom and some of the more severely handicapped preschool-aged children receive home visits. In some cases, the children may receive both types of services.

In addition to home and classroom services, the EIP has a small network of parent-infant groups that meet once or twice a month in various community settings throughout the county (e.g., church nurseries). Some of these groups meet in the daytime and some of them in the evening. Meeting times and activities of the parent-child groups are largely dependent upon the needs of the children and families within the area served by each group.

Team Composition and Function

The EIP team is composed of 2 early childhood special educators, a psychologist, nurse, physical therapist, social worker, and a speech and language pathologist. This team provides direct services to all of the children receiving home-based services, conducts initial evaluations and annual re-assessments for both home-based and center-based children, and provides consultation services to the classroom teacher.

The nature and intensity of services provided by each team member to a child and family is based upon individual needs. The two special educators

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and the social worker are responsible for organizing and maintaining the parent-child groups; however, other team members are expected to attend at least one parent-child group per month. Which group they attend and the nature of their involvement is left up to the team to decide and based upon the needs of the individual groups.

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SOCIAL WORK ASSESSMENT

William ("Billy") Donaldson was referred to the Randall County Early Intervention Program (EIP) by the child's private pediatrician (Dr. Alex Schaeffer) for purposes of developmental assessment and therapeutic interventions if they were deemed necessary by the EIP team. Dr. Schaeffer had written a letter to the program notifying them of the referral but it was the mother, Mae Donaldson, who actually made the first contact with the EIP. As usual, you took the referral and scheduled a home visit with the family in order to screen the child, determine the parents' concerns, and provide information about the program to the family. The home visit with the Donaldsons was scheduled within one week of the phone contact by the mother.

The Donaldsons live in a rented two-bedroom house on the edge of town. The house is small and sparsely furnished but it was very neat and tidy when you arrived for the home visit. The house has a small, fenced-in backyard with a homemade swing for Billy and a plastic swimming pool that is filled with sand and sand toys. Both parents were present for the initial home visit. Mae Donaldson (mother) was somewhat reserved, but nonetheless friendly and open to questions. Jack Donaldson (father) said very little during the entire visit and deferred most questioning to his wife.

Billy is a small, frail looking, 14 month old boy with blonde hair and brown eyes. He looked somewhat emaciated to you and abnormally pale in color. Billy played quietly on the living room floor with a laundry basket full of toys throughout most of the interview. He seemed to derive much pleasure from emptying the laundry basket and discarding the toys in a haphazard way behind himself. Then he would approach the mother and try to pull himself up on her legs. At this point, Jack (father) would refill the laundry basket, take Billy away from his wife's lap and put the child in front of the basket again. At one point, Billy became somewhat irritable and was more demanding of the mother's attention. Then, Jack put Billy on his own lap and played a rather wild game of "horsey" with him. This seemed to distract Billy and he appeared to enjoy the game.

Reason for Referral

Interviewing was conducted to obtain a history of pregnancy, delivery, and a medical history on the child (See REFERRAL INFORMATION - History).

Family Status

Mae and Jack Donaldson have known each other since they were teenagers. They were married a year after graduation from high school and now live in the

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same town where they grew up. Their only child, Billy, was born a little over two years after they were married. Jack works as an auto mechanic in a small garage in town and earns a modest salary. He has worked at the garage since he was in high school. Mae worked in a local drugstore from the time they were married until the premature delivery of their son. According to Mae, she had planned to return to work after Billy was a year old but his unexpected medical conditions and special needs has changed her plans to return to work.

Jack has a private medical insurance policy that covers a large portion of Billy's medical expenses; however, the unpaid balance of Billy's medical bills has imposed some financial strain on the family's budget. According to Jack, he is paying a little on each bill every month. Although Jack appears to have these bills under control, he seems somewhat concerned over the length of time it will take to pay off the balances. In fact, this was the only topic of conversation that Jack really involved himself in. You assume that this is because he handles the finances in the family. Based upon Jack's monthly salary, this family is probably not eligible for other sources of financial assistance.

Both Jack's and Mae's parents live in the same town and the Donaldsons visit them about once a week. They also have frequent contact with their old high school friends and with friends who are members of their church congregation. You gathered from the conversation that Mae is more involved with the church than Jack is.

Family Concerns

Mae told you that she is concerned about Billy not gaining weight; that he is "too skinny". Billy evidently will only eat a limited number of different foods such as crackers, apples, bananas, yogurt, and cheese. He usually rejects any new foods that are introduced. Mae continues to give him a bottle because he drinks more milk from the bottle than he will from a cup. Dr. Schaeffer hasn't said too much to Mae about Billy being underweight, but it apparently is worrisome to Mae.

Mae also talked to you at great length about Billy's respiratory infections and wondered if there wasn't more she could do to keep Billy well. She thought that his being underweight might have something to do with his susceptibility to illnesses. Mae also mentioned Billy's 'suspected' asthma attack two months ago and seemed concerned about what this might mean in the future. It seemed a little odd to you that Mae only mentioned this after Jack left the room for a few minutes to answer the back door and changed the subject when he returned.

The Donaldsons appear to be somewhat concerned about the fact that Billy isn't closer to learning to walk than he is. They reported that Dr. Schaeffer told them Billy seems to be "very tight in his legs" and that this might be holding him back. On the issue of walking, Jack spoke up and said that he wanted Billy to stand up and walk and "....get out more and see the world like any other boy would."

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The Donaldsons voiced some concern about Billy not trying to talk yet; however, they attributed some of this to the fact that there were a lot of "late talkers" in their families. Overall, the Donaldsons appear to attribute the delays they see in Billy to his prematurity and his health problems over the past year.

Finally, Mae mentioned that Billy still does not sleep through the night. She said he has always been a poor sleeper and that he "gets his days and nights mixed up". Billy apparently takes several catnaps throughout the day and goes to bed at night anywhere between 9:30 and 11:30PM. He usually wakes up again some time between 2:00 and 4:00AM wanting a bottle. Sometimes he goes back to sleep right away, but other times he wants to play or is fussy for a prolonged period of time. Sometimes taking Billy to bed with them allows him to fall back to sleep, but this is no guarantee.

NURSING ASSESSMENT

You spent some time with Mae and Jack reviewing the referral information related to Billy's birth and medical history (See REFERRAL INFORMATION - History). Mae seemed to have a reasonable understanding of Billy's medical condition, especially with regard to the bronchopulmonary dysplasia. Jack didn't say very much at all during the time you spent with the family, so you are uncertain about his understanding.

Billy is a small, frail looking, little boy with blonde hair and brown eyes. He was tired and fussy during the interview with the family and throughout your brief examination. Billy's height is just below the fifth percentile compared to other children his age. His weight is below the third percentile. All of his immunizations are up to date. At this time Billy is on antibiotics (Pediazole) for a recent bout of acute bronchitis. You couldn't help noticing that Billy's teeth are slightly gray in color. Perhaps this is a consequence of frequent antibiotics. You asked about fluoridated water and the parents said that they were on the town's water system.

Billy also had a fairly severe diaper rash today. According to Mae, this occurs every time he is on antibiotics. She is justifiably concerned about the discomfort Billy experiences with these rashes. She says that she bathes him in baking soda water and uses over-the- counter medications. These measures provide some relief, but occassionally she has to resort to taking him to the doctor's for prescription medication.

While discussing Billy's immunizations, Mae asked about flu shots. She said that the doctor suggested they might reduce the number of times that Billy got sick. He also told her about the possible complications associated with the flu immunization. She couldn't remember all that he had said, but she remembered that it scared her and she decided to hold off on the shot for awhile. She asked you whether or not you thought it would be a good idea in terms of reducing the amount of time Billy was sick.

In discussing Billy's weight and diet, Mae revealed her concern that Billy was "too skinny" and that this might be related to his being sick so often. Evidently Billy is choosy about the foods that he will eat and Mae continues to give him a bottle in order to make sure he doesn't lose weight. Mae mentioned that her mother-in-law frequently offered suggestions on ways to fatten Billy up and she asked you whether there was any truth to cod liver oil being good for children and putting weight on them.

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PSYCHOLOGICAL ASSESSMENT

Billy was accompanied by his mother and father in the assessment room. Billy is a small, frail looking child with blonde hair and brown eyes. Testing was started at a table with Billy sitting on his mother's lap; however, he soon became restless and, eventually, the test materials were moved to the floor where Billy would have more freedom to move around. Billy was interested in the test materials and was reasonably cooperative for the first half of testing. Then, he grew more restless and became irritable. His mother said he was getting tired so you suggested that the session be interrupted in order to give him a snack and see if he wanted to nap. His mother gave him a bottle and Billy slept for about 45 minutes. When he awoke, testing resumed and he was more cooperative. Overall, you feel as though you got a reasonably accurate assessment of Billy's cognitive abilities.

You administered the Bayley Scales of Infant Development (Mental Scale) and the Vineland Adaptive Behavior Scales. On the Bayley, Billy consistently passed items through the 7 month level. He showed scattered skills through the 8 and 9 month levels, but did not pass any items at the 10 month level. His overall score showed his cognitive functioning to be 8.1 months. This is significantly below his chronological age of 14 months and also below his age corrected for prematurity (11 1/2 months).

Some of Billy's highest passes included ringing a bell purposively (7.8 months), fingering the holes in a pegboard (8.9 months) and putting cubes in a cup on command (9.4 months). At these same age levels, failures consisted primarily of tasks requiring object permanence (e.g., picks up cup to secure hidden cube; 9.0 months) or imitation of an adult's action (e.g., imitates stirring spoon in cup; 9.7 months). The results of the Vineland showed comparable developmental levels in social/adaptive functioning.

First Knowledge

Group Activity: The Assessment Report and IFSP

Materials

"The Donaldson Family"
Notes from the family conference

Purpose

The purpose of this activity is to explore the various options of writing the Individualized Family Service Plan (IFSP) to ensure that this document (a) reflects family-identified needs, (b) is positive and proactive, (c) is written in a manner that is readily understood by parents, (d) reflects service provision that is directly related to identified family needs, and (e) will be perceived as useful to staff and the family.

We will also be discussing the various methods that may be used to communicate assessment results and service plans to all people involved with a case. These people may include the parents or legal guardians, extended family or significant others, team members, program administration, the referral source, and other professionals or agencies involved with the family. Methods of report writing, availability of records, issues of confidentiality, and legal or professional requirements are all likely to figure in to the decisions we make about communicating assessment results and intervention plans.

Assignment #1: The Assessment Report

Your team is responsible for developing a written summary of the assessment findings for William ("Billy") Donaldson and his family. This should include a summary of the findings and activities related to the case from the time of the initial referral through the intervention planning conference with the family. Two written documents are required: (a) an assessment report that will be given to Jack and Mae Donaldson and (b) an assessmnet report that will be placed in the child's permanent record in your agency. You will need to decide whether these two written documants will be identical or whether two different versions of the assessment report are needed.

Your team will need to decide who will be responsible for writing what. You may decide to have separate reports for each discipline involved, one report that pools all of the information, or a report that combines these two options. Please be prepared to provide a rationale for your decisions. Finally, you may take some liberties in elaborating upon the information provided in the case study, but please don't go too far beyond what was actually provided in the case or what came abcut in the intervention planning conference with the family.

Please make ___ copies of your assessment report(s)

Assignment #2: The Written IFSP

Your team is responsible for deciding on a format for writing an Individualized Family Service Plan (IFSP). You may wish to use one of the various IFSP forms that have been developed by others or you may want to combine these forms to develop one of your own.

Once you have decided upon a format, a written IFSP document for the Donaldson family should be compiled. It is recognized that you may not have all of the information you need, but use what information you do have to develop a first draft of an IFSP for the family. Again, you may take some liberties in elaborating upon the actual case information you have in writing this document. In developing your IFSP, please keep in mind the legal requirements for the IFSP document as well as the basic philosophical principles of a family-focused approach to service delivery.

Please make ___ copies of your written IFSP.

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SESSION IV

Topic:	Activity Based Instruction
Format:	Lecture/Activity
Time:	40 minutes

I. BENEFITS OF ACTIVITY BASED INSTRUCTION

- A. Enhances generalization of skills.
- B. Assists in working on functional goals.
- C. More closely approximates real life learning situations.
- D. Can be implemented both in group or individual settings.

II. INSTRUCTION

- A. Instruction should always occur during the **daily routines and activities** of an infant/toddler's day, whether at home or at school.
- B. Allow children in **initiate** what they are interested in playing with or attending to, and direct your instruction based on those initiations. Children with disabilities often become bound to responding only to adult cues because that is how we typically teach them.
- C. The **environment** should be designed in such a way as to promote child learning and play.
- D. Materials should be **adapted** to meet needs of individual children.
- E. Materials used to teach skills should be **chronologically age appropriate**.
- F. Skills taught should be based on **developmentally appropriate, functional targets.**
- G. Skills need to be taught across a variety of people, settings and materials so that they are **generalized.**

III. FORMAT FOR ADDRESSING GOALS WITHIN AND ACROSS ACTIVITIES

A. In order to implement activity based instruction, systematic planning and use of tools is necessary. The forms on the next few pages have been used to plan for programming across activities and children in various settings. Each of the forms will be displayed on overheads and explained to the participants.

IV. INTEGRATION

A. Many early intervention programs are choosing to expand from home-based options to group options which use community early childhood settings as intervention sites.

B. Two developments are responsible for the use of this type of service setting:

1. growing awareness of integrating persons with disabilities into all aspects of society

2. increase in demand for day care services for young children.

ACTIVITY:
Brief description of activity:

Goals Child						

DATE.

Children Activity						

Child: ______________________

Type of Activity*	Areas of Development					
	Social-Emotional	Self-help/Adaptive	Motor		Communication	Cognitive
			fine	gross		
Free Play						
Planned Small Group Activities						
Story						
Snack/ Lunch						
Motor Play						
Art						
Music/ movement						
Circle						
Other						

* All daily activities may be planned: 1) for indoor & outdoor play; 2) as individual, small group, or large group activities (except for free play which should be individual or small group). It is recommended that individual activities comprise the greatest portion of the day.

Child: ______________________

Type of Activity*	Areas of Development					
	Social-Emotional	Self-help/Adaptive	Motor		Communication	Cognitive
			fine	gross		

---

* All daily activities may be planned: 1) for indoor & outdoor play; 2) as individual, small group, or large group activities (except for free play which should be individual or small group). It is recommended that individual activities comprise the greatest portion of the day.

Type of Activity	Areas of Development				
	Social-Emotional	Self-help/ Adaptive	Motor	Communication	Cognitive

Routine: ____________________ **Date:** ____________________

Activity: ____________________ **Planned By:** ____________________

Materials and Set up	Activity Sequence	Individual Considerations	Expected Responses

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ACTIVITIES CATALOG

Routine

Activity Description:

Materials and Set up:

Domain/Objective	Presentation of Materials/Activity	Child Response	Adult/Peer/Object Response

Motor Component	**Educational Component**	**Language Component**	**Oral-Motor Component**
(OT/PT Objective)	(Teacher/Vision Specialist)	(Teacher/Speech Therapist)	(OT/Speech)
1) Head control objective student must bring his head to midline to receive bites of food.	(1) Student must visually fixate on spoonful of food prior to receiving it.	(1) Student must indicate wanting spoonful of food by vocalizing "Ah" sound.	(1) Plans for oral-motor facilitation/inhibition techniques prior to mealtimes.
2) Proper positioning techniques to inhibit reflex patterns and facilitate oral-motor functioning.	(2) Student must not engage in self-stimulatory hand mouthing during meals.		(2) Plans for appropriate feeding techniques.

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SESSION IV

Topic:	Settings for Instruction
Format:	Lecture/Video
Time:	40 minutes

I. SETTINGS FOR INSTRUCTION

A. Settings for family-directed early intervention can be:

1. home based
2. center based
3. combination
4. NICU or hospital setting

The most important aspect of the setting is that the family can adapt the recommended technique to the home environment.

B. Focus on family-directed early intervention can be:

1. child oriented
2. parent oriented (family focus)
3. family oriented

C. Family directed early intervention should be:

1. comprehensive
2. community-based
3. coordinated

D. Many interventionists work directly in the home and must provide a family centered approach to early intervention. Bajyk (1986) suggests the following guidelines:

1. parent is decision maker
2. parent is first a parent, then teacher/therapist

3. programs are developed by the teacher and the parent based upon best principles of family-directed early intervention

4. each family if different in their willingness, desire, and motivation to participate in early intervention

5. parents have options about services they need and want

6. child's needs must be viewed in the context of the family

E. Show video "Helping Families in the Special Care Nursery"

   1. have participants discuss in relation to best practice.

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SESSION IV

Topic:	Program Evaluation
Format:	Lecture
Time:	40 minutes

I. ROLE OF EVALUATION IN EARLY INTERVENTION

A. Program evaluation is an objective systematic process for gathering information about a program or set of activities that can be utilized for the following purposes:

1. to ascertain the program's ability to achieve the originally conceived and implemented goals
2. to suggest modifications that might lead to improvement in quality and effectiveness
3. to allow well-informed decisions about the worth, merit, and level of support a program warrants.

B. Several issues must be considered when designing evaluation plans:

1. heterogeneity of the population
2. types and scope of variables must be measured across the group of program participants
3. few standardized tools are available which meet the diverse developmental needs of the population, or allow for small rates of growth over time
4. inherent methodological limitations that may compromise evaluation efforts within the group of families with children with disabilities.

C. There is a need for evaluations to be multidimensional. This includes child, family and program evaluations.

II. CHILD EVALUATION

A. Child evaluation serves the following distinct and complimentary functions:

1. guides the development of individual programming

2. provides feedback about success of individual programming

3. provides a system for determining the value of an intervention system designed to benefit groups of children (Bricker & Littman, 1982).

B. Comprehensive child evaluation should include:

1. initial assessments
2. daily and weekly monitoring
3. quarterly evaluation
4. annual evaluation

III. FAMILY EVALUATION

A. Family assessment is a process which assists service providers and families in jointly identifying the family's strengths and needs as a means to develop appropriate service plans and support systems.

B. Once family's needs, strengths and preferences are identified by the family, information can be translated into meaningful goals and objectives prior to implementing intervention.

C. Thus, family assessments lead to evaluation of child and family status within the larger context of determining effectiveness.

IV. PROGRAM EVALUATION

A. Questions to be considered in determining quality of an early intervention program are:

1. can the program demonstrate that the methods, materials, and overall service delivery represent best educational practice?

2. can the program demonstrate that the methods espoused in the overall philosophy are implemented accurately and consistently?

3. can the program demonstrate that it attempts to verify empirically the effectiveness of intervention or other individual program components for which best educational practice has yet to be verified?

4. can the program demonstrate that it carefully monitors client progress and is sensitive to points at which changes in service needs to be made?

5. can the program demonstrate that a system is in place for determining the relative adequacy of client progress and service delivery?

6. can the program demonstrate that it is moving toward the accomplishment of program goals/objectives?

7. can the program demonstrate that the goals, methods and materials, and overall service delivery system are in accordance with the needs and values of the community and clients it serves (Bailey & Wolery, 1984)?

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SESSION IV

READINGS

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SESSION V

Agenda

Discipline Specific Recommendations/Higher Education Issues in New York State

LENGTH:	TOPIC:	FORMAT:
15 minutes	Overview	
60 minutes	New York State Efforts on P.L. 99-457	Lecture/Discussion
15 minutes	Break	
60 minutes	Discipline Specific Recommendations/ Personnel Standards	Lecture/Discussion
60 minutes	Individual Goal Setting/ "Where do we go from here?"	Discussion
30 minutes	Wrap-up - Pre/Post Questionnaire	

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SESSION V

OBJECTIVES

At the completion of the session, participants will be able to identify:

1. areas for reform in higher education to better reflect best practice in family-directed early intervention.
2. New York State efforts to implement P.L. 99-457.
3. discipline specific competencies.
4. competencies needed by professional organization.
5. individual goals and objectives, resources, timelines, evaluation criteria.

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SESSION V

Topic:	New York State Efforts on P.L. 99-457
Format:	Lecture/Discussion
Time:	60 minutes

I. NEW YORK STATEWIDE REQUIREMENTS

A. Guest speaker from New York State Department of Health, the lead agency in the state, will address the group about the following issues:

1. definition of developmental delay
2. lead agency responsibilities
    a. development of a central directory of services
3. timetables for serving eligible children
4. public awareness programs
5. comprehensive child find system
6. IFSP
7. CSPD
8. personnel standards
9. supervision and monitoring of programs
10. Interagency Coordination Council
11. P.L. 99-457 financing
12. case management services

B. Discussion and group participation will be encouraged about these issues.

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SESSION V

Topic:	Discipline Specific Recommendations/ Personnel Standards
Format:	Lecture/Discussion
Time:	60 minutes

I. DISCIPLINE SPECIFIC RECOMMENDATIONS

A. Need for discipline specific skills in both infancy and families, as well as interdisciplinary skills necessary for the implementation of the law.

B. All disciplines need:

1. knowledge of infant development
2. identification and assessment
3. intervention techniques
4. family systems training
5. communicating with families

C. Interdisciplinary skills should include:

1. team approach
2. program planning
3. interagency coordination
4. case management strategies

D. Practica sites need to be developed that embody best practice in family-centered early intervention.

II. PERSONNEL STANDARDS

A. In light of recent federal legislation, professional disciplines have been examining their roles and future directions with regard to infants and toddlers with disabilities, and their families.

B. Family-directed, interdisciplinary and comprehensive services are currently recognized as the standard for practice.

C. New York State policy and procedures consistent with Part H regulations:

1. entry level requirements that:
   a. based on highest requirements in the state applicable to the profession or discipline in which a person is providing early intervention services,

   b. establish suitable qualifications for personnel providing early intervention services to eligible children and their families.

2. discuss existing personnel standards in New York State by discipline.

D. Discuss implications for professional organizations.

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SESSION V

Topic:	Individual Goal Setting/ "Where do we go from here?"
Format:	Discussion
Time:	60 minutes

I. INDIVIDUAL GOAL SETTING

A. Discuss with participants their goals for next year:

1. individual objectives after the Institute
2. resources that are available and anticipated needs
3. begin to develop timelines
4. evaluation

B. Schedule first group meeting with participants. Identify interests for agenda for that meeting.

C. Schedule individual appointments for follow-up with participants.

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SESSION V

READINGS

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INSTITUTE EVALUATION

The evaluation design utilizes a variety of methods to measure the effectiveness of the project. Both formative and summative techniques are used. A variety of types of objective, quantifiable data are obtained on a continuing basis throughout the project. A discrepancy evaluation model is utilized. A description of each of the evaluation measures follows, including an explanation of its purpose and when it is administered.

Hard copies are kept of each participant's evaluation measures. The copies are organized within one-inch three-ring binders for each participant. An IBM PC is used to store data. Data Base III+ and SPSS-X are used to analyze the project's impact.

The **Participation Information Questionnaire** collects information on the participant's professional position, level and focus of formal education, certification, and amount and type of teaching experience (See Appendix C). The Participant Information Questionnaire is administered at the beginning of the first session. The purposes are to document the characteristics of the training audience (the educational background and experience of participants) and to correlate characteristics with training results. The number of participants from each discipline is determined, as well as the number of participants teaching each discipline, the number of participants with each type of degree, and number of participants with formal training focusing on the birth to three population, the mean of years that the participants have been working in the field, the number of participants who have had experience with different age-groups and in special or regular education, and the number of participants who have participated in training on the specific institute topic in the last two years.

The **Motivation Questionnaire** (Appendix B) consists of two sections. In the first section, the participants are asked to rate various factors that may have influenced their decision to attend the institute on a scale from one to three (a "1" indicating "Not at all Important", a "2" indicating "Somewhat Important", and a "3" indicating "Very Important"). The factors included: "To become better informed about early intervention in general", and "Because my supervisor recommended it". The participants are asked to star those factors they rate a "32" that are primary in their decision to attend. In the second section, the participants are asked to rate various factors that may pose difficulties in attending the institute on a scale from one to three (a "1" indicating "Not at all Problematic", a "2" indicating "Somewhat Problematic", and a "3" indicating "Very Problematic"). The factors included: "Attending 3-4 hours each session", "Transportation difficulties", and "Getting release time from my job". The Motivation Questionnaire is administered prior to the Institute (during the first session). The function of this questionnaire is to determine which motivating factors are indicated most often as being significant in determining participation and to determine which motivators correlate most strongly with positive training results.

The **Contract** (Appendix A) states the name of the participant and delineates the components necessary for participation, including: attending one meeting with project staff prior to the session, attending each of the training sessions (dates and times are given), completing the program tasks, sharing current curriculum, and participating in follow-up consultation and evaluation. Both the participant and the project instructor responsible for following the participant sign the contract. The contract is administered prior to the Institute, during the site visit. The purpose is to document the commitment of the participant.

The **Pre/Post Institute Questionnaire** (Appendix D) consists of questions designed to measure the participants' knowledge on specific aspects of Institute topics. The Questionnaire consists of multiple choice, true/false, and completion questions. The Questionnaires are designed to be administered before and after each session. The purpose is to determine change in the participants' knowledge from pre-session to post-session and follow-up. Scores are reported as percentage correct. The objective is for each participant to achieve at least 80% correct when the test is administered at the last training session and to maintain that percentage when the test is administered after completing the tasks and during follow-up evaluation.

The **Consumer Satisfaction Questionnaire** (Appendix E) consists of a Likert-type scale (from "1" indicating "Strongly disagree", to "5" indicating "Strongly agree") for the participants to rate the institute within three sections. There are eight statements to rate in the "Content" section, five statements in the "Presenter" section, and five statements to rate in the "Logistics of Presentation" section. For example, one of the statements in the "Content" section is, "All topics on the agenda were addressed". There are also four open-ended questions for the participants to answer regarding what was most helpful, and least helpful about the Institutes, what they would like to see included in the future, and what they would do differently as a result of the Institute. The Consumer Satisfaction Questionnaire is administered at the end of each session of the Institute, after completion of the tasks, and one year after completion of the Institute sessions. The purpose is to determine whether specific aspects of the training meet with the participants' satisfaction and to determine which aspects are most and least beneficial. Scores are reported in terms of the percentage of participants responding at each rating level for each statement.

APPENDIX

Appendix A	Contract
Appendix B	Motivation Questionnaire
Appendix C	Participant Information Questionnaire
Appendix D	Pre/Post Questionnaire
Appendix E	Consumer Satisfaction Questionnaire

APPENDIX A

HIGHER EDUCATION FACULTY TRAINING INSTITUTE

FAMILY SUPPORT/EARLY INTERVENTION
WESTCHESTER INSTITUTE FOR HUMAN DEVELOPMENT
NEW YORK MEDICAL COLLEGE

INSTITUTE CONTRACT

This agreement is to confirm that ______________ will participate in the ____________________________________ and understands that this participation includes the following components:

1) Obtaining support and release time (if necessary) from the college/university to attend the institute.

2) Attendance at a minimum of one meeting with the instructor prior to the start of the institute. The purposes of the meetings are: a) to clarify details of the institute to the participants, and b) to complete necessary forms.

3) Attendance at each of the training sessions. The trainings will be held at New York Medical College on the following:

Session 1: ______________

Session 2: ______________

Session 3: ______________

Session 4: ______________

Session 5: ______________

4) Follow-up by the instructor, ______________, for up to one year after the Institute. Follow-up will include assistance with completion of the tasks or issues related to the institute topic and post institute evaluation.

________ ____
Date Participant

________ ____
Date Instructor

APPENDIX B

HIGHER EDUCATION FACULTY TRAINING INSTITUTE

FAMILY SUPPORT/EARLY INTERVENTION
WESTCHESTER INSTITUTE FOR HUMAN DEVELOPMENT
NEW YORK MEDICAL COLLEGE

MOTIVATION QUESTIONNAIRE

Name:______________________ College/University: ____________________

Date:______________________ Department:___________________________

1. Please rate each of the following reasons for attendance on a scale of 1 to 3 according to its importance in your decision to attend this Institute:

   Circle 1 if the statement was not a consideration.

   Circle 2 if the statement was somewhat important in your decision to attend.

   Circle 3 if the statement was very important in your decision to attend.

   In addition, please star the reason or reasons that were primary in your decision to attend (choose from those you rated a 3).

Reason	Not at All Important	Somewhat Important	Very Important
To become better informed about national issues in early intervention.	1	2	3
To become better informed about best practices in early intervention.	1	2	3
To infuse best practice of early intervention into my higher education curriculum.	1	2	3
To better understand principles of early intervention.	1	2	3

Reason	Not at All Important	Somewhat Important	Very Important
To integrate the principles of early intervention into the curriculum.	1	2	3
To meet higher education faculty in other disciplines.	1	2	3
Because my chair recommended it.	1	2	3
Because my chair required it.	1	2	3
Because I expect the information to be useful in my teaching.	1	2	3
To get away from job requirements and get "recharged".	1	2	3
Because my curriculum lacks information on early intervention.	1	2	3
For personal enjoyment and enrichment.	1	2	3
To learn for the sake of learning.	1	2	3
To help get a new job.	1	2	3
To help to advance in present job.	1	2	3

Other (Please specify). ______________________

2. Please rate each of the following issues that may have been problematic in arranging your attendance on a scale of 1 to 3.

Circle 1 if the statement was not a consideration.

Circle 2 if the statement was somewhat problematic.

Circle 3 if the statement was very problematic in arranging your attendance.

Issue	Not at All Problematic	Somewhat Problematic	Very Problematic
Attending twice a week for 2 weeks.	1	2	3
Attending 7-8 hours each session.	1	2	3
Continuing involvement for one year.	1	2	3
Transportation difficulties.	1	2	3
Teaching responsibilities.	1	2	3
Other (please specify).	__________		

APPENDIX C

HIGHER EDUCATION FACULTY TRAINING INSTITUTE

FAMILY SUPPORT/EARLY INTERVENTION
WESTCHESTER INSTITUTE FOR HUMAN DEVELOPMENT
NEW YORK MEDICAL COLLEGE

PARTICIPANT INFORMATION

Name:____________________

College/University:____________________

Date:____________________

Department:____________________

In what discipline do you teach?

_____ Early Childhood Special Education
_____ Occupational Therapy
_____ Physical Therapy
_____ Speech and Language
_____ Nursing
_____ Psychology
_____ Social Work
_____ Medicine
_____ Nutrition
_____ Audiology
_____ Other

What is your current degree?

_____ BA
_____ MS
_____ MSW
_____ Ph.D.
_____ DSW
_____ BS
_____ M.Ed.
_____ Ed.D.
_____ RN
_____ MD
_____ MA
_____ 6th year certificate
_____ Post Masters
_____ C.C.C.-SLP
_____ Other ____________________

What area(s) do you teach?

____ human development
____ families
____ hearing impaired
____ speech & language development
____ special needs
____ other
____ policy
____ nutrition
____ developmental delays
____ practica
____ medical issues

What is the area of your Certification/License?

____ Early Childhood Education
____ Physical Therapy
____ Special Education
____ Blind/Visually Impaired
____ Elementary Education
____ Learning Disabilities
____ Counseling
____ Nursing
____ Other
____ Early Childhood Special Education
____ Occupational Therapy
____ Psychology
____ Administration
____ Reading
____ Speech Pathology
____ Social Work
____ Hearing Impaired
____ None

Have you had any formal training focusing on the birth to three population?

____ yes ____ no

How long have you been teaching in higher education? ____________

APPENDIX D

HIGHER EDUCATION FACULTY TRAINING INSTITUTE
FAMILY SUPPORT/EARLY INTERVENTION
WESTCHESTER INSTITUTE FOR HUMAN DEVELOPMENT
NEW YORK MEDICAL COLLEGE

PRE/POST QUESTIONNAIRE

Name: ______________________________ Date: ______________________

1. Public Law 99-457 states that:

   a) states are mandated to provide services for handicapped children from birth through five years of age.

   b) states are mandated to provide services for handicapped children from birth to three years of age.

   c) states determine whether services are provided for handicapped children from birth through five years of age.

   d) states are mandated to provide services for handicapped children from three through five years of age, and can determine whether they will provide services for handicapped children from birth to three years of age.

2. Who has been designated as the lead agency in New York for programs serving handicapped children between the ages of birth and three years?

   a) Department of Education

   b) Department of Health

   c) Department of Mental Retardation

   d) Interagency Coordinating Council

3. The intent of P.L. 99-457 Part H is to enhance the physical, cognitive, speech and language, self help, and psychological development of the child to minimize developmental delay and to maximize the potential for growth and development of the child.

   True_______ False_______

4. Philosophically P.L. 99-457 mandates the ________________ as central in developing a service plan for infants and toddlers.

   a) family

   b) interdisciplinary team

   c) individual practitioner

   d) case manager

5. List two (2) principles of "family-centered care".

   ____

   ____

   ____

6. Family empowerment means:

   a) helping families by doing whatever we can

   b) telling families what they can do to take more power in their lives

   c) families making informed choices

   d) families being their own case mangers

7. Every family has individual and collective needs of its members that must be met. Tasks that a family performs in order to meet these needs may be referred to as:

   a) family characteristics/resources

   b) family interactions

   c) family functions

   d) family life cycle

8. Family empowerment means:

   a) helping families by doing whatever we can

   b) telling families what they can do to take more power in their lives

   c) families making informed choices

   d) families being their own case managers

9. Which of the following statements are rationales for collaborative goal setting with families?

   a) Families will cooperate more readily when professional determine goals and then share them.

   b) Relationships, trust, and respect will be improved.

   c) Ownership of goals is an important factor in accomplishing them.

   ____

   1) a,c

   2) b,c

   3) a,b

   4) all of the above

10. According to P.L. 99-457, IFSP's need to reviewed every ___________ months and rewritten every ____________________ months.

11. Goals that address needs prioritized by the family should always be included in the IFSP.

    True______ False______

12. What three components are included in an IFSP that are not usually included in an IEP?

____

____

____

13. A primary skill necessary for a team to achieve the change that is identified by a family is:

a) to give family recommendations from professionals

b) to assess the needs of a child

c) to systematically assess relevant family needs

d) to present family with goals for treatment

14. Which of the following are roles of case managers?

a) monitor child's status

b) refer families for services

c) advocate for the family

d) assure that service delivery is effective and efficient

____

1) a,b,d

2) b,d

3) b,c,d

4) all of the above

15. Case management is important because it:

a) helps prevent duplication of services

b) ensures that parents will be empowered

c) helps provide for continuity of services

d) all of the above

e) a and c

16. Four elements of effective transition from hospital to home are:

a) discharge summary

b) community liaison

c) parent-to-parent support

d) continuing care plan

True_______ False_______

17. Of primary importance is for professionals to have an understanding of the cultural meaning that the family gives to their child's disability.

True_______ False_______

18. Watching one's own cultural behavior sensitizes one to cultural behaviors in others.

True_______ False_______

19. One benefit of home-based care for infants and toddlers with a disability is:

a) there is opportunity for participation of all family members in the teaching process

b) learning occurs in the natural environment of the home

c) there is constant access to behavior as it occurs

d) all of the above

20. The following is reported as a developmental outcome for children with disabilities in an integrated program:

a) gains in socialization skills

b) significant developmental gains

c) gains in communication skills

d) all of the above

APPENDIX E

HIGHER EDUCATION FACULTY TRAINING INSTITUTE

FAMILY SUPPORT/EARLY INTERVENTION
WESTCHESTER INSTITUTE FOR HUMAN DEVELOPMENT
NEW YORK MEDICAL COLLEGE

CONSUMER SATISFACTION SHEET

Name:____________________ College/University:____________________

Date:____________________ Department:____________________

Please rate the following statements on a scale of 1 through 5:

1 indicating that you strongly disagree with the statement,
2 indicating that you mildly disagree with the statement,
3 indicating neutral,
4 indicating that you mildly agree with the statement,
5 indicating that you strongly agree with the statement.

		Strongly Disagree		Neutral		Strongly Agree
I. CONTENT						
1.	Objectives of the training were met.	1	2	3	4	5
2.	All topics on the agenda were addressed.	1	2	3	4	5
3.	The materials (e.g., readings, overheads) were relevant to the training content.	1	2	3	4	5
4.	Adequate illustrations, examples and readings were used during presentations.	1	2	3	4	5
5.	Time was well organized.	1	2	3	4	5
6.	The information is relevant and can be applied to my teaching situation.	1	2	3	4	5

		Strongly Disagree		Neutral		Strongly Agree
7.	I feel I now have a better understanding of family-centered early intervention.	1	2	3	4	5
8.	I feel able to infuse my present curriculum with the basic principles of early intervention.	1	2	3	4	5
II.	PRESENTER					
1.	The presenters were well prepared and organized.	1	2	3	4	5
2.	The presenters were knowledgeable in the subject.	1	2	3	4	5
3.	The presenters used a variety of activities that corresponded with the content.	1	2	3	4	5
4.	The presenters were easy to listen to.	1	2	3	4	5
5.	The presenters valued our input.	1	2	3	4	5
III.	LOGISTICS OF PRESENTATION					
1.	I found the environment to be comfortable.	1	2	3	4	5
2.	There was adequate time for breaks during the training sessions.	1	2	3	4	5
3.	The size of the group was appropriate for the sessions.	1	2	3	4	5
4.	The location of the training was convenient for me.	1	2	3	4	5

		Strongly Disagree		Neutral		Strongly Agree
5.	The day and time of the training was convenient for me.	1	2	3	4	5

IV. QUESTIONS

1. What did you find most helpful about the session?

2. What did you find least helpful about the session?

3. What additional information would you like to see included in future Higher Education Faculty Training Institutes?

4. How will you present curriculum change as a result of the Institute?

APPENDIX H

HIGHER EDUCATION
FACULTY INSTITUTE
CURRICULUM

Mary Beth Bruder, Ph.D.
Carol Lippman, Ph.D.
Theresa Bologna, Ed.D.
Elizabeth Erwin, M.A.

Support for this curriculum was received from Grant #H024P00024 from the Handicapped Children's Early Education Project, U.S. Department of Education and the Mental Retardation Institute of New York Medical College. This project is directed by Mary Beth Bruder, Ph.D. Carol Lippman, Ph.D. is Coordinator. Project staff include Theresa Bologna, Ed.D. and Elizabeth Erwin, M.A.

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Introduction

The recent growth in services for infants and toddlers with disabilities and their families has created a need for those in higher education personnel preparation programs to address the special knowledge needed by professionals who will be providing services to infants, toddlers, and their families (Bennett, Watson, & Raab, 1991; Bailey, 1990; McCollum & Thorp, 1988). While P.L. 99-457 and the latest set of amendments, P.L. 102-119, establishes regulations in order to insure that these professionals are, "appropriately and adequately prepared and trained" (Section 101), few existing higher education programs provide their students with the knowledge or skills necessary to collaboratively plan, implement and evaluate interventions geared to meet the unique needs of infants and their parents within a family-directed environment (Bailey, Palsha, & Huntington, 1991).

In order to meet the acknowledged need for well trained early intervention practitioners, the Family Support/Early Intervention Program of New York Medical College at the Mental Retardation Institute has developed a training institute designed to infuse the best practices of family-directed early intervention into existing higher education programs. This curriculum is designed for the training of nurses, occupational therapists, physical therapists, social workers, audiologists, speech and language therapists, physicians, nutritionists, psychologists, early interventionists, early childhood educators, and special educators. The institute is designed to be implemented over five days and the topical content is outlined below:

I. **Legal Issues and Service Parameters**

II. **Family Systems and Cultural Sensitivity**

III. **Transdisciplinary Programming and Settings for Instruction**

IV. Individual Family Service Plans (IFSP's) and Evaluation

V. Discipline Specific Recommendations/Higher Education Issues in New York State

Each of the five days utilize didactic and experiential material, and readings related to the development of curriculum activities for the preparation of practitioners in early intervention. Following is a literature review designed to accompany the Institute.

I. Historical Perspectives

Early intervention can be defined as the provision of educational or therapeutic services to children under the age of eight (Sigel, 1972). As such, its roots span both the educational field (both special education and early childhood education) and the rehabilitation field. The combination of these fields has guided and shaped the current status of intervention for infants and young children with disabilities. Each of these historical beginnings will be briefly described.

Education

Special Education. Services and opportunities for individuals with disabilities have changed markedly over time. The first recorded example of special education occurred in the eighteenth century. Jean Marc Gaspard Itard focused his efforts in teaching Victor, otherwise known as the wild boy of Aveyron. Itard primarily relied on "behavior modification" techniques to teach Victor appropriate behaviors. A student of Itards, Edouard Sequin, furthered the cause of special education when he became the director of the Hospice de Incurables in Paris. He continued to refine the educational strategies developed by Itard for those with mental retardation. This residential program served as an educational model for children with disabilities during the early nineteenth century. Unfortunately, in the early decades of the twentieth century, residential institutions changed their mission from training and planned social integration to custodial supervision and isolation (Shonkoff & Meisels, 1990).

In the United States, the first special education class was established in 1869 in Boston, for deaf students. Following Sequin's move to the United States, many educational institutions were developed in the second half of the 1800's. By the early 1900's more than half of the large cities in the

United States offered special educational programs, though only a small proportion of students with disabilities were able to take advantage of them (Peterson, 1987).

World War II raised the consciousness of the public as more and more veterans returned home with disabilities. As a result of this increased visibility of adults with disabilities, a shift in attitude and interest in children with disabilities occurred. A Section for Exceptional Children was established within the United States Office of Education in 1946. This evolved into the Bureau of Education for the Handicapped in 1966, and the Office of Special Education and Rehabilitation Services in 1980. This agency has overseen the continued development and expansion of special education in public schools throughout the United States.

Early Childhood Education. The roots of early childhood education can also be traced to Europe, where the first formal kindergarten was established in the early 1800's by Friedrich Froebel (Shonkoff & Meisels, 1990). These kindergarten classes were grounded by a philosophical base of traditional religious values and learning through play. However, it wasn't until the latter part of the nineteenth century that early education programs were established in the United States (Hanson & Lynch, 1989). The first kindergarten was established in Milwaukee, Wisconsin in 1856 (Peterson, 1987), and the first public school kindergarten was established in St. Louis in 1872.

Nursery schools also originated in Europe. In 1910 Rachel and Margaret MacMillan of London developed an experimental program to provide comprehensive prevention oriented services to meet the needs of young children. Maria Montessori attempted to remediate the growing social issues of poor children through specific early education practices in

Italy. Her model emphasized individualized self teaching of children within an environment which was carefully prepared. Montessori's work also emphasized self-paced and self-correcting activities, learning through sensory experiences, and active involvement with the environment.

Nursery schools began to become popular in the United States in the 1920's. MacMillians' model was the most emphasized, since it emphasized early parental involvement. These models evolved into child care models during the 1930's and 1940's as more and more women worked outside the home. The current need for child care has continued to blur the distinction between child care and nursery schools, or care vs. education.

The compensatory education movement has also had a significant impact on early childhood education. Compensatory programs such as Head Start were established to meet or compensate for the needs of disadvantaged young children and to assist them as they entered regular education programs. The purpose of Head Start, which was originally established in 1965, was to provide an enriched educational environment for youngsters who were considered disadvantaged. Subsequent educational efforts emphasizing family-oriented principles were influenced by the Head Start initiatives and included home-based programs, early childhood centers, and combination home- and center-based programs (Hanson & Lynch, 1989).

Rehabilitation

In the latter part of the 1800's, high mortality rates contributed to the growing interest in greater physical health and well being of young children. The Children's Bureau in the Department of Labor was established by Congress in 1912 in an effort to meet the growing concern of high infant mortality rates, poor health, and exploitation of working children (Shonkoff

& Meisels, 1990). As the first official acknowledgment of federal responsibility for children's welfare, the Children's Bureau served as a solid framework for collecting data and providing federal grants to promote the health and well being of children across the country who had been traditionally under-served. These under-served populations received renewed interest during the war on poverty in the 1960's and the increased attention toward individuals with disabilities in the 1970's. In the 1970's, funds from the Bureau of Education for the Handicapped and the Division of Maternal and Child Health encouraged multidisciplinary training programs across the nation at university-affiliated facilities, now known as university-affiliated programs. These programs produced more personnel to serve children with disabilities and their families, and also helped establish services for young children with disabilities and their families.

II. Legislative Perspectives

In 1975, The Education for All Handicapped Children Act was enacted which guaranteed the right of children with disabilities to a free and appropriate public education. This legislation was the culmination of many years of court decisions and legislation focused on expanding access to education for children with disabilities. The Education for All Handicapped Children Act (also referred as P.L. 94-142) mandated a free and appropriate public education for children with disabilities ages 5-21 regardless of the nature or severity of the handicap.

The major components of this law included:

Nondiscriminatory Assessment: Evaluation must be conducted in child's primary language, diagnostics used must not be culturally or racially biased, and educational decisions about a child cannot be based upon one test score.

Individualized Education Plan (IEP): An IEP must be written for each child and developed by the team members and child's parents.

Due Process and Procedural Safeguards: School districts must establish and follow specific procedures as a means of protecting the rights of children and their families. These procedures should specify that:

- Parents may examine all records pertaining to their child.
- Parents have the right to obtain an independent evaluation of their child in addition to that provided by the school district and its staff.
- Parents must be consulted about their child's education program prior to its implementation. They must be informed of the IEP conference and encouraged to participate. Meetings must be scheduled at times convenient for parents to attend, and appropriate communications must be maintained with them.
- Parents or guardians must receive written notice if a change is proposed in their child's classification, evaluation, or educational placement.
- Parents or guardians have the right to present complaints on matters concerning the identification, evaluation, or program placement of their child. If disagreements occur between parents and the school, parents have a right to an impartial due process hearing conducted by a hearing

officer. Parents have the right to be represented by a lawyer, to give evidence, and to cross examine. Hearings may be requested by the parent or by the school district.

- Surrogate parents must be appointed to provide representation and informed consent for children whose parents (or guardians) are not known or are not available.

Zero Reject Principle: This assures that all children with disabilities between the ages of 5 and 21 are entitled to an education regardless of the type or severity of the disability. Children under 5 could be provided services if state law, regulation or judicial ruling mandated them.

Least Restrictive Environment (LRE): Placements are required which enable children with disabilities to be educated with their age approximate typical peers to the maximum extent possible.

Since its initial passage, The Education for the Handicapped Act has been amended a number of times. The amendments of 1986 (P.L. 99-457) has had the most wide reaching effects because they lowered the national mandate for special education services to age three (Part B). In addition, the amendments also established a plan by which states would be given financial incentives to develop intervention services for infants and toddlers who are disabled or at-risk and their families (Part H). Congress mandated that the infant and toddler services must be statewide, comprehensive, coordinated, multidisciplinary and involve multiple agencies. There are 14 minimum components which must be met by states when establishing and implementing the statewide system of early intervention. One requirement of the law, the Individual Family Service Plan (IFSP) will be discussed more thoroughly.

An IFSP must be developed for each family having an infant or toddler eligible for services under P.L. 99-457. The IFSP represents the outcome of the planning process that takes place between the family and the professionals who are working collaboratively to design intervention for the infant or toddler with disabilities. As an integral part of the requirements of P.L. 99-457, the IFSP must be developed by a team comprised of the family and professionals from the disciplines that match the needs of the infant or toddler and the family. P.L. 99-457, Part H, Section 677, requires that the IFSP be in writing and contain:

a. a statement of the **child's present levels** of physical development, cognitive development, language and speech development, psychosocial development, and self-help skills based on acceptable objective criteria;
b. a statement of the family's **resources, priorities, and concerns** related to enhancing the development of the family's handicapped infant or toddler;
c. a statement of the **major outcomes** expected to be achieved for the child and family; the criteria, procedures and timelines used to determine the degree to which progress is being made; and whether or not revisions of the outcomes or services are necessary;
d. a statement of **specific early intervention services** necessary to meet the unique needs of the child and family, including the frequency, intensity, and method of delivering services;
e. the projected dates for the **initiation** of services and the anticipated **duration of the services**;
f. the name of **case manager**, from the profession most immediately relevant to the child's or family's needs, who will be responsible for implementing the plan and coordinating with other agencies and persons, and;
g. the steps to be taken supporting the child's **transition to Part B** preschool services, to the extent that such services are appropriate.

The IFSP and the IEP are similar in their intent to provide a comprehensive plan for intervention for children with disabilities. P.L. 94-142 mandates the use of IEP's to define intervention planning, implementation, and evaluation. The intent of the IFSP is to define the system in which intervention planning, implementation, and evaluation for infants and toddlers with disabilities and their families takes place. The components of the IFSP that are not included in the IEP are:

a. recognition of **family resources, priorities, and concerns** that effect the intervention process;
b. designation of a **case manager** to oversee the coordination of intervention;
c. planning for the **transition** of the infant or toddler into programs for the 3-5 year old population.

Recognizing **family resources, priorities, and concerns** implies that an assessment of these is part of the planning process. This process involves the participation of the family in examining those issues that the family believe to be pertinent to their ability to participate in intervention. These issues can run the gamut from concrete services (financial, housing, transportation, equipment) to supportive services such as parent-to-parent networking, information concerning types of programs, background on types of intervention, or parenting a child with a disability. Identifying family resources, priorities, and concerns must be a collaborative team effort with the intent of clarifying the mode of intervention (Bailey, 1987).

Designating a **case manager** involves identifying the person on the team best suited to coordinating the services defined in the IFSP. P.L. 99-457 recognizes the role of the parent as a potential case manager or, at least, choosing the member of the team that best fits this responsibility. The terms **service coordinator** or **care coordinator** have been recommended as more appropriate definers of this part of the process (Garland, Woodruff, & Buck, 1988; Division of Early Childhood, 1991).

Transition planning for the infant or toddler and their family involves examining the steps and information necessary to provide movement from programming for the 0-3 year olds to those serving 3-5 year olds. This type of planning reflects sharing of information with the team about future programming needs in a timely fashion. The ground work for transition takes place from the inception of the initial stages of the IFSP and is expanded upon as the infant or toddler and the family move through the stages of programming. Thus, transition programming is finalized in the year prior to the transition based on the continued evaluation of intervention.

In 1990, amendments to P.L. 94-142 were passed and renamed the act the Individuals with Disabilities Education Act (IDEA) or P.L. 101-476. The name change reflects the shift in terminology to the use of disabilities as opposed to handicaps. These new amendments include an emphasis on meeting the needs of traditionally under-represented populations (e.g., minority, poor) as well as defining transition services as a "coordinated set of activities" which should be included for all students. They also expand the definition of special education to include a variety of settings when delivering services (e.g., work place, community-based programs).

On October 7, 1991, the Individuals with Disabilities Education Act (IDEA) was amended, P.L. 102-119. It includes a technical provision regarding amendment or repeal. The following is a summary of the major provisions:

Section 3-Definitions: This section amends the definition of "children with disabilities" in Section 602(a)(1) of the Act to provide discretion to the States to include children, aged 3 to 5, who are experiencing developmental delays in the areas of physical, cognitive, communication, social/emotional, or adaptive development, and who are in need of special education and related services. This is to prevent mislabeling of these young children who do not fit in any particular category.

Section 4-Settlements and Allocations: This section increases the minimum amount that States can use for administration under Part B, Section 611(c)(2)(A)(i)(II), from $350,000 to $450,000. This will benefit small population States.

This section also clarifies services to Indian children with disabilities aged 3-21.

Section 5-State Plan: This section amends Section 613(a) of the Act to ensure that the comprehensive system of personnel development under Part B consistent with that of Part H. States are required to create policies and procedures to assure a smooth transition for those children participating in the early intervention program assisted under Part H who will participate in preschool programs.

Section 6-Application: This insures that when a child turns age three, an individualized education program, or Individual family service plan, has been developed and is being implemented.

This section amends Section 614 of the Act to, if consistent with State policy, permit local educational agencies and intermediate educational units to use Individual Family Service Plans (IFSP) instead of Individualized Education Programs (IEP), with the concurrence of the family for a child with a disability aged 3 to 5.

Section 7-Preschool Grants: This section amends Section 619 of the Act to allow Part B funds to be used for children who will reach their third birthday during the school year whether or not they were already receiving services under Part H. This section also raises the funding ceiling for each preschool child from $1,000 to $1,500.

Section 8-Early Education for Children with Disabilities: This section amends Section 623 of the Act to authorize the use of funds for programs which focus on infants and toddlers who are at risk of having substantial developmental delays if early intervention services are not provided. This section also authorizes the use of these funds to facilitate and improve outreach to low-income, minority, rural, and other under-served populations and to support statewide projects to change the delivery of early intervention and **special education and related** services form segregated to integrated environments.

Section 8 also creates the authority for the Secretary of Education to fund up to five competitive State planning grants for the purpose of **establishing a statewide, interagency, multidisciplinary**, coordinated system to identify, track and refer for appropriate services, all categories of children who are biologically and/or environmentally at risk of having developmental delays.

Section 9-Grants for Personnel Training: This section amends Section 631 of the Act giving the Secretary of Education the authority to fund up to five grants to a State or entity to support the formation of consortia or partnerships to provide career advancement and competency-based training, including certificate and degree-granting programs, in special education, related services and early intervention for current workers in public and private agencies that provide services to infants, toddlers, children and youth with disabilities. A technical assistance grant and evaluation of the projects are also authorized under this provision.

In addition, this section gives priority to providing training services to parents of children with disabilities aged 0-5. It requires that applicants for grants "identify with specificity the special efforts that will be undertaken to involve such parents, including efforts to work with community-based and cultural organizations" (Section 631).

Section 10-Authorization of Appropriations for Part D: This section increases the authorization level for parent training centers to assist parents of children with disabilities, ages birth through 5, and places a priority on those centers to use any new money appropriated after FY92 to serve parents with children, ages birth through 5, including minority parents with children in this age group. The authorization is $15.1 million for FY92; $16.3 million for FY93; and $17.6 million for FY94.

Section 11-Findings for Part H: This section adds an additional finding reflective of the need for States to identify, evaluate and meet the needs of children and families from historically under-represented populations, including minority, low-income, inner-city, and rural populations, who may be in greater need of early intervention services.

Section 12-Definitions for Part H: This section updates the terminology used in Part H to currently accepted standards. For example, the bill retains the term "case management" in the definition section, but in subsequent sections (Section 13) uses the term "service coordination". This will avoid problems with payment for services under other statutes, while being sensitive to family concerns. In addition, the terms "language and speech development", "psychosocial development", and "self-help skills" are replaced with "communication development", "social or emotional development", and "adaptive development", respectively.

This section also clarifies "early intervention services" by including vision, assistive devices and technology, and transportation services. Furthermore, this section includes family therapists, orientation and mobility specialists, and pediatricians and other physicians under the definition of "qualified personnel".

Finally, this section places in statute the policy in current regulations that to the maximum extent appropriate, infants and toddlers receive **early intervention services** in natural environments, including the home and nonsegregated day care centers.

Section 13-Requirements for Statewide System: This section amends Section 676 of the Act to clarify that the comprehensive system of personnel development in Part H must be consistent with Part B and must include the training of paraprofessionals and primary referral sources within a State. Additionally, it requires active recruitment and retention of early intervention service providers, training personnel to work in rural areas, and training personnel to coordinate transition services from an early intervention program to a preschool program.

This section also clarifies the general administrative and supervisory roles of the lead agency with respect to programs and activities receiving assistance.

Section 14-Individual Family Service Plan (IFSP): This section amends Section 677 of the Act in several ways. First, Section 14 of the bill includes several clarification's that recognize the central role played by families in designing and implementing effective early intervention services for their infants and toddlers with disabilities. The bill clarifies that the assessment must be family-directed and may, with the concurrence of the family, include an assessment of the family's resources, priorities, and concerns and identify family preferences, supports, and services necessary to enhance the parents' and siblings' capacity to meet the developmental needs of their infant or toddler with a disability.

Consistent with the clarification to the provision relating to the assessment, the provision in the Act specifying the contents of the IFSP relating to the family replaces the phrase "strengths and needs" with the phrase "resources, priorities, and concerns" in accordance with the recommendations of parents.

Further, the bill adds a new subsection (e) regarding parental consent, which provides that the contents of the IFSP must be fully explained to the parents or guardian and informed written consent from such parents or guardian must be obtained prior to the provision of early intervention services described in the IFSP. Service to which consent is provided by the parents or guardian must be provided, even if consent is not granted for other services.

In addition, the bill requires that the IFSP include a statement of the natural environments in which early intervention services will be provided.

Section 14 of the bill also amends the provision in the Act that limited the service coordinator (formerly the case manager) to a person from the profession most immediately relevant to the infant's or toddler's or family's needs. Under the amendment, the service coordinator could also be a person who is otherwise qualified to carry out all applicable responsibilities under Part H. In addition, a parent may become qualified to perform all of the service functions carried out by a service coordinator and provide the service coordination service for another family if the parent obtains appropriate training by qualified persons.

Section 15-State Application and Assurances: This section adds a new requirement to Part H State application process under Section 678 of the Act by requiring a description of the policies and procedures used to ensure a smooth transition between Part H and Part B. A description of the process by which the families will be included in the transitional plans of the lead agency and how they will notify and establish a conference of the family and local educational agencies and intermediate educational units of a child's eligibility at least 90 days before Part B services must begin is also required. Further assurances under Section 678(b) of the Act mandate policies and procedures to ensure the meaningful involvement of under-served and minority groups in providing culturally-competent services.

Section 15 also requires the State to designate an individual or entity responsible for assigning financial responsibility among appropriate agencies concerning the provision of early intervention services. The State lead agency is then charged with assuring compliance by all State agencies with their appropriate fiscal responsibilities under Part H.

Section 16-Use of Funds: This section amends Section 679 of the Act to allow Part H funds to be used to provide a free appropriate public education to children with disabilities from their third birthday to the beginning of the following school year.

Section 17-Procedural Safeguards: This section amends Section 680 of the Act to clarify parental rights, including the right to decline any single or group of services without jeopardizing access to other services.

Section 18-State Interagency Coordinating Council (ICC): This section modifies the composition of the State Interagency Coordinating Council under Section 682 of the Act. At least 15 members but not more than 25 are required unless a State can justify the need for more members than the maximum of 25. This section allows the Governor to designate a member of the Council to serve as the chairperson or require the Council to designate the chairperson as long as that designated member is not a representative from the lead agency. Section 18 also addresses the functions of, and allowable expenditures by, the Council.

Section 19-Allocation of Funds: Section 19 ensures that each State receives at least 0.5 percent of $500,000 (whichever is greater) of funds remaining under Section 684(a) and (b) of the Act.

This section also provides funds to be used to provide services to Indian children.

Section 20-Authorization of Appropriations for Part H: This section extends the authorization of Part H for three years and authorizes $220 million for FY92 and such sums as may be necessary for FY93-94.

Section 21-Federal Interagency Coordinating Council: This is a new section which places in statute the current Department of Education policy of utilizing an interagency coordinating council similar to the required at the State level. Its functions are to:

a) minimize duplication of programs and activities related to early intervention services;

b) coordinate Federal early intervention an preschool programs and policies;

c) coordinate Federal technical assistance and support activities to States:

d) identify gaps in Federal programs and services and barriers to Federal interagency cooperation.

Section 22-Study: This is a new section which requires the Secretary of Education to carry out a study of alternative funding formulae for allocating funds under Part H of IDEA. The study is to be completed by March 1, 1993, in time for the next re-authorization cycle.

Sections 23 and 24-Section 6 Schools and Defense Dependents Education Act of 1978: These sections of the bill amend Section 6 of P.L. 81-874, Impact Aid, and Section 1409 of the Defense Dependents Education Act of 1978, respectively, to assure the availability of services under Parts B and H for children of military dependents in DOD Section 6 and overseas schools.

Sections 25 and 26-Technical Amendments: These sections make technical amendments to IDEA and other Acts.

Section 27-Effective Dates and Applicability: This section sets out the effective dates of this bill. For most purposes this is July 1, 1992, except that States have the option to have any of the amendments apply earlier.

III. Personnel Needs

All states are currently involved in the development and implementation of services under Part H of P.L. 99-457. However, a number of issues involved in the delivery of services remain to be resolved (Gallagher, Trohanis, & Clifford, 1989; Meisels, Harbin, Modigliani, & Olson, 1988; Smith, 1988). For example, two of the programmatic components which must be addressed by states participating in Part H of P.L. 99-457 are a comprehensive system of personnel development (CSPD) and policies for personnel standards. While these are only two components of the 14 which are required of states participating in P.L. 99-457, they represent a critical area which must be addressed before each state can be assured of its ability to implement the full scope of services required by the law (Gilkerson, Hilliard, Schrag, & Shonkoff, 1987; Meisels, Harbin, Modigliani, & Olson, 1988; Smith & Powers, 1987; Woodruff, McGonigal, Garland, Zeitlin, Chazkel-Hochman, Shananhan, Toole, & Vincent, 1985).

It has been documented that early intervention is facing a critical shortage in personnel trained to provide services under P.L. 99-457 (Meisels, Harbin, Modigliani, & Olsen, 1988). This shortage is expected to last well into the 1990's, and it includes both special educators and related service personnel. This shortage of early intervention personnel has resulted, in part, from the specialized requirements of infant/toddler service delivery under the new law. These requirements include the development of competencies and skills which are qualitatively different from the skills typically included in programs training personnel to work with school- or preschool-aged children (Bailey, 1989; Bailey, Farel, O'Donnell, Simeonsson, & Miller, 1986; Bricker & Slentz, 1988; McCollum & McCarten, 1988; McCollum & Thorp, 1988; Thorp & McCollum, 1988).

For example, the law requires that professionals from multiple disciplines be trained to collaboratively assess infants, toddlers and their families; develop a service plan in tandem with families; and assist families to coordinate services. In particular, the family focus is unique to this age group, and demands additional skills beyond traditional child focused intervention skills.

The lack of available, appropriately trained personnel is compounded by a lack of professional standards specific to early intervention services. The requirement in P.L. 99-457 for professional standards across ten disciplines has not as yet resulted in any nationally adopted requirements. Only two states (New Jersey and Idaho) had adopted standards across a majority of the disciplines, and these standards do not contain competencies specific to infants and toddlers (Bruder, Klosowski, & Daguio, 1989). Though many states are planning to address licensing requirements for P.L. 99-457, there is no guarantee that these requirements will meet specific infancy and interdisciplinary competencies necessary for the full implementation of the law.

In examining the current status of training programs for professionals specializing in early intervention, criticism has been leveled at the type of preservice training which is available to both undergraduate and graduate students. Courtnage and Smith-Davis (1987) conducted a survey of 260 undergraduate programs in special education and found that 48% of them did not offer coursework on interdisciplinary teaming. Likewise, Bailey and his colleagues (Bailey, Palsha, & Huntington, 1991) surveyed both undergraduate and graduate programs for disciplines listed within P.L. 99-457: special education, nursing, occupational therapy, speech and language pathology, physical therapy, audiology, nutrition and social work. They examined the amount of clock hours of training content focused on areas related to services to be provided under the law. These areas included case management, ethics, infant development, infant and family assessment, team processing, and values. Their results suggested a significant lack of preparation within these areas by the higher education programs who responded to the survey. Additionally, of those higher education personnel preparation programs which specifically train infant specialists on content required by the law, there seems to be a lack of consensus over the type and number of competencies the trainee should exhibit. An examination of federally funded personnel preparation programs for interdisciplinary infant specialists found that there was a range of 7 to 380 training competencies to be demonstrated by students within the 40 funded programs (Bruder & McLean, 1988). It has become apparent that the many growing demands of early intervention services will require a new commitment on the part of institutions of higher education to redesign their training content and curriculum. The training curriculum must provide skills and knowledge which will insure the delivery of interdisciplinary family centered services which are effective along a number of dimensions, such as recognizing the unique needs of infants and their families.

Unique Needs of Infants

There has been an abundance of data to suggest that infancy is a time of intense development and learning (Kagan, Kearsley, & Zelaro, 1978). These data have helped to dismiss the notion that infants are passive observers of life, incapable of anything more than rudimentary physiological processes. Indeed, many still believe infants are incompetent and for the most part acted upon, rather than active participants in their own development (Lerner, 1978).

Research on the capabilities of infants has suggested that from the beginning of life infants are processing environmental information in all modalities (Lewis, 1984). Further evidence suggests that infants, as organisms, are able to interact with their environments at birth or even before (Sontag, Stelle, & Lewis, 1969). This research has been conducted on infant's visual, auditory, olfactory, and gustatory abilities. For example, it has been demonstrated that newborn infants can see and process information and even have visual preferences (Fantz, 1964).

The intellectual capability of infants has been intensely examined, and findings suggest that young infants are capable of altering their behavior in accordance with the demand characteristics of their environment (Lewis, 1984). Instrumental conditioning studies and habituation studies reveal that young infants are quite capable of learning new tasks, solving complex problems and altering their behavior in response to environmental change (Cohen, 1972; Fantz, 1964; Lewis, 1969; Lipsett, 1963; Papousek, 1967). Simple motor acts to manipulate aspects of the environment (i.e., controlling a mobile by head turning) are one indication of the problem solving abilities of infants as young as three months (Dunst & Lesko, 1988).

Research has also suggested that social behaviors are as salient to infants as problem solving behaviors. It has been shown that infants also behave differently with familiar persons and strangers as early as five weeks of age (Brazelton, Koslowski, & Main, 1974; Stern, 1974). Some infants also have understanding of the relationship between people's faces and voices at this age (Aronson & Rosenbloom, 1971). These data have contributed to the belief that infants are highly complex and competent organisms capable of regulating their own learning.

Theoretically, data documenting the competence of infants has contributed to a broader, more dynamic view of infant development. Although at one time polarized into either a biologically based or a behavioral-environmentally based view of development, current developmental theories espouse the interactive nature of infant development. Best described by Sameroff and Chandler (1975), the transactional model of development recognizes the fact that the interaction between the organism and the environment is a continual process in which neither the organism's status, nor the environmental effects on that status, can be separately addressed. This model has been expanded to address the effects of certain aspects of the environment, such as care giver interaction, on subsequent developmental outcome (Bromwich, 1981; Field, 1981). It is this transactional or interactional view of development which continues to influence the way infants are currently perceived in our society.

a. Infant Intervention

The prevalence and application of the transactional view of development has influenced intervention programs designed to enhance the development of infants with environmental or biological disabilities. Programs for such children gained national acceptance during the 1960's with legislative initiatives which are still evident. Head Start was the front-runner of an abundance of model programs aimed at alleviating the effects of low socioeconomic status on child outcome. Similarly, the Handicapped Children's Early Education Assistance Act (1968) provided funds for demonstration programs which included infants and young children having biological handicaps. When P.L. 94-142, the Education of All Handicapped Children Act, was passed into law in 1975, provisions were made to provide funds to states that were including children under the mandatory school age of six. These provisions were expanded through the adoption of P.L. 99-457, the Education of the Handicapped Act Amendments of 1986. Within these amendments, congress identified an "urgent and substantial need" to enhance the development of infants and toddlers with disabilities, to minimize the likelihood of institutionalization and the need for special education services after this group reaches school age, and to enhance the capacity of families to meet the special needs of their infants and toddlers with handicaps (Education of the Handicapped Act Amendments of 1986, Section 671). To meet this need, financial help was made available to the states to develop comprehensive systems of early intervention for children under the age of three years who were experiencing developmental delays in the areas of cognitive, physical, language and speech, psychosocial, or self-help skill development, or who were at risk for the development of such delays. P.L. 102-119 supports services to infants and toddlers by affirming the provision of services in natural environments.

Infants and toddlers with multiple or severe disabilities are the most easily identified as being in need of early intervention services at an early age (Hayden & Beck, 1982). Many of these children will begin to manifest developmental delays of sufficient magnitude during the first year of life to qualify them for services according to their state's definition of developmental delay. Such definitions commonly include designations such as 25% delay in months or 1.5 standard deviations below the mean on a standardized assessment (Ziegler, 1989). Other infants may not initially demonstrate delays that are quantifiable on assessment instruments, however, the presence of physiological or medical conditions will indicate the high probability that such delays will develop.

The issue of developing adequate procedures to determine eligibility for services for infants and toddlers with disabilities is a difficult one. Research has shown that early development of infants and toddlers is irregular (O'Donnell, 1989), there are limited instruments for assessment (Simeonsson & Bailey, 1989), there is a lack of reliable prevalence data (Meisels and Wasik, 1990), there is lack of knowledge concerning social and biological factors and how they relate to the disabling conditions (Kochanek, Kabacoff, & Lipsitt, 1987), and contradictory policies from other federally mandated programs (Harbin & McNulty, 1990).

Based upon a study by Harbin, Gallagher, and Terry reported in the Journal of Early Intervention (1991), it appears that:

a) Twenty nine states have indicated that a child must be delayed as measured by an instrument yielding either a standard deviation quotient or a developmental age.

b) P.L. 99-457 mandates services to children with "established conditions". States have included sensory impairments, chromosomal abnormalities, congenital abnormalities/syndromes, neurological disorders and metabolic disorders as those "established conditions". However, there is less agreement about psychosocial disorders, chronic illnesses, congenital infections among states.

c) Only five states have written policies that use a multiple risk approach to designating at risk infants and toddlers. Of the 27 states developing criteria for placing a child at risk due to a biological factor, there were 69 different ones listed. Thirty nine environmental risk factors were delineated by 23 states.

Clearly, this data represents the need for policymakers to uniformly modify eligibility policies as states gain experience in the implementation of services to infants and toddlers with disabilities.

Intervention models for both groups of infants have relied on the premise of intellectual malleability (Dunst & Rheingrover 1981; Ramey, Yeates, & Short, 1984). The premise of intellectual malleability or plasticity has been applied to two distinct facets of intellectual ability. These are developmental functions (e.g., a group's average IQ over time) and individual differences (e.g., the relative rank ordering of individual IQ within a group). It has been concluded that these two facets are statistically independent (Ramey, et al., 1984). Further, it was suggested that while developmental functions were moderately alterable through systematic early education (particularly after infancy), individual difference were moderately stable (Ramey, et al., 1984). Of note here is the finding that developmental functions were alterable in infants after 12 months of age, suggesting that intervention efforts with environmentally at-risk infants be initially focused on environmental variables rather than directly on the infant.

Whether the intervention services are designed for infants with documented developmental delays or for infants at-risk for delay because of biological factors (prematurity, substance abusing mother, genetic syndrome) or environmental factors (living in poverty, teenage mother, mentally retarded parents), initial intervention efforts should have a primary focus on the family. This focus is reinforced by the P.L. 99-457 requirement for an Individual Family Service Plan to contain provisions for family as well as infant needs for intervention.

Unique Needs of Families

Parents of infants and toddlers with special needs rarely take on this parenting role with any amount of preparation for the special challenges they will face. Rather, the early days, weeks and months of parental responsibility may be spent in a blur of visits to the hospital, physician's office and special clinics with little or no opportunity to adapt to the significant change which has taken place in their lives. While most parents report an increase in the level of stress they perceive as a result of the birth of a child, the parents of an infant with multiple or severe disabilities must deal with unanticipated pressures and responsibilities that can make the parenting role appear to be overwhelming.

Just as the population of children who are considered to have special needs is not a homogeneous group, neither are the children's families. The early intervention professional serving infants and toddlers with severe disabilities will no doubt work with a diversity of families who vary by cultural and economic conditions, as well as by family structure (Vincent & Salisbury, 1988; Vincent, Salisbury, Strain, McCormick, & Tessier, 1990). Each family will bring unique resources to the task of parenting their child with special needs, and each family will identify unique needs which must be addressed through early intervention.

Parents have traditionally been an integral part of early intervention services. By far their most significant role has been that of service providers or teachers of their children. It has been suggested, however, that the implementation of this practice represents a somewhat restricted view of parent involvement (Wiegerink, Hocutt, Posante-Loro, & Bristol, 1979; Turnbull & Turnbull, 1982). All too often early intervention parent-training programs have imposed intrusive demands on parents which have altered their interactional style with both the developmentally delayed child and the rest of their family.

Two new directions of research have given insight into a broadened perspective on parent involvement within infant intervention programs. The first has evolved out of the infant development literature, where it has been demonstrated that the infant's early interactions with the environment, most notably the caregiver; have great influence on the infant's subsequent development (Bromwich, 1981; Goldberg, 1977; Klaus & Kennel, 1976; Sameroff & Chandler, 1975). This information has been instrumental in shaping intervention programs for young children with disabilities, in that parents have recently been seen as the targets of the intervention (Bailey & Simeonsson, 1984; Kelly, 1982; McCollum & Stayton, 1985).

Second, emphasis has been placed on the importance of the interactions that occur between the child and his family. The family system has shifted the focus away from the child with a disability in isolation to a focus on the family as a unit. According to family systems theory, two principles which describe the functioning of a family are homeostasis and equilibrium. Both principles focus on the balance that exists in the system among its members. For example, it has been demonstrated that anytime something/someone new enters a system there is a period of disequilibrium. When a child comes into a family, a space is made for that child; emotionally, financially, and physically. These are often planned changes. When a child is born with or develops a disability, there are many unplanned changes (Turnbull & Turnbull, 1985; Featherstone, 1980). What was anticipated as a happy event by the family, may become a disrupting and isolating experience. Many new experiences, from the special care the baby may need, to the unanticipated reactions of others, may further confuse the family system, and continue to cause disequilibrium. These many changes challenge a family's homeostatic process. A new balance must be achieved by the family which includes the new child and the challenges inherent in the child's disability. The result is a state of equilibrium that may or may not resemble what existed prior to the change.

This expanded focus on family systems theory has resulted in the recommendation that early intervention programs move away from a narrow focus of the child and encompass the broader and self-identified needs of the enrolled parents (Blacker, 1984; Carney, 1983; Turnbull, Turnbull, Summers, Brotherson & Benson, 1986). It has been suggested that the primary goal of early intervention should be to facilitate the parents' awareness of, and adaptation to, the primary role of parenting a child with disabilities. A program can then focus on helping the family address their individual long range needs of their child (Foster, Berger & McLean, 1981; Vadasy, Fewell & Greenberg, 1985). Ann Turnbull and her colleagues (Turnbull, Summers & Brotherson, 1983) have outlined major components of family systems theory as they relate to a family having a child with a disability. Table 2 contains this framework.

a. Support

One area which is receiving attention by infant intervention programs is the support needs of the enrolled child's parents (Affleck, Tennen, Rowe, Roscher, & Walker, 1988; Bailey & Simeonsson, 1988; Dunst, Trivette, & Deal, 1988). It has been suggested that parents of children with disabilities experience a larger degree of stress than parents of children who are not disabled (Gallagher, Beckman, & Cross, 1983), which may hinder the development of optimum interactional patterns with their infants. These stressful events include environmental events (e.g., financial problems which impact basic survival) and biological events (e.g., caretaking demands of a premature, handicapped or medically unstable infant). Further, studies have demonstrated that levels of stress among parents are related to the type and degree of disability evidenced by their child (Beckman-Bell, 1981; Bristol, 1979; Holroyd & McArthur, 1976).

A recent suggestion has been for early intervention programs to recognize the ongoing stress that parents of delayed and at-risk infants may be experiencing by helping families adapt to stress through the recruitment of support networks (Eheart & Ciccone, 1982; Gallagher, Beckman, & Cross, 1983). It has been documented that the social networks of parents exert strong influences on their child-rearing behavior and attitudes. Support for parenting seems to help parents achieve a sense of competence (Abernathy, 1973; Cutrona & Troutman, 1986), as well as become more responsive to the child (Crnic, Greenberg, & Slough, 1986; Pascoe, Loda, Jeffries, & Earp, 1981). Parents who receive more support for the care of young children with special needs exhibit more positive psychological adaptation (Affleck, Tennen, Allen, & Gershman, 1986; Crnic, Greenberg, Robinson, & Ragozin, 1984; Crnic, Greenberg, & Slough, 1986; Dunst, Trivette, & Cross, 1985; Trause & Kramer, 1983) and more effective involvement in early intervention programs. By changing the focus from child change to parent-family adaptation, both programs and parents have seen beneficial results (Affleck, Tennen, Rowe, Roscher, Walker, & Higgins, 1989; Bromwich, 1981; Dunst, Trivette, & Deal, 1988; Robinson, Rosenberg, & Bechman, 1988).

b. Information

An additional area being addressed by infant intervention programs is informational needs of families (Turnbull, et al., 1986). Intervention programs need information from parents, and parents need appropriate information from programs. The type and level of information wanted by parents is often determined by the status of their child. Many times program personnel present information to parents in a uniform manner and assume understanding. Yet, data have suggested that parents can absorb and use only a certain amount of information at any one time (McDonald, 1962). Service providers must be sensitive to the information needs of their families and be prepared to assess parental understanding and needs as an ongoing mechanism for program effectiveness.

Nowhere is parental information needed more than in the search for appropriate services for an infant with a disability. Families of infants with disabilities usually have to interact with many different service agencies such as medical, educational, and social agencies (Vincent, Laten, Salisbury, Brown, & Baumgart, 1980). In trying to gain access to these resources, parents may be confronted with services differing in priorities and mandates, overlapping geographic boundaries, contrasting administrative structures, or even incomprehensible acronyms (Featherstone, 1980; Rubin & Quinn-Curran, 1983). This situation is most devastating for parents new to the service delivery system.

According to Rubin and Quinn-Curran (1983), a parent must take three steps to gain access to service systems. First, parents need to identify what their needs are. Second, they need to translate their needs into the proper service label. Third, they need to contact the appropriate agency that delivers that service. The first two steps, in particular, rely on the quality and degree of information given to parents by the professionals with whom they interact.

c. Education

The educational needs of families should be differentiated from informational needs, in that education results in a predetermined change of behavior. Parent education programs have traditionally focused on teaching parents how to teach their infants new behaviors (Hanson, 1977). Over the years, much data have supported the success of this practice.

It has been demonstrated that most parent education is delivered by a professional performing a service to the parent. This has been done in large groups (Hall, Grinstead, Collier, & Hall, 1980), small groups (Wiegerink & Parrish, 1976), or individually (Adubato, Adams, & Budd, 1981; Filler & Kasari, 1981). The service setting has varied from the parent's home to a structured service setting (e.g., school). A variety of techniques has also proven successful in implementing training. These include lectures, films, discussions, videos, audiotapes, programmed texts, modeling, immediate and delayed feedback, verbal and written feedback observations, and charting skill acquisition (Baker, 1984; Baker & Heifetz, 1976; Berkowitz & Graziano, 1972; Bricker & Bricker, 1976; Clements & Alexander, 1975; Graziano, 1977; Hayden, 1976; Johnson & Katz, 1973; Kroth, 1975; O'Dell, 1974). The general agreement seems to be that concrete training methods that employ demonstration and practice are most effective.

Though parent training is the most prevalent educational option offered to parents of infants with disabilities, it has been suggested that the implementation of this strategy represents a somewhat restricted view of parent involvement (Wiegerink, Hocutt, Posante-Loro, & Bristol, 1979; Turnbull & Turnbull, 1982). Though teaching will probably continue to be an area of focus for many parents and programs, it should not be the only area. Additionally, the procedures and content of programs used to teach parents "teaching" skills should be geared toward the facilitation of functional behaviors within the family's normative routine (Turnbull, et al., 1986). All too often parent training programs have imposed intrusive demands on parents which have altered their interaction style with both the child with a disability and the rest of their family. Intervention programs should be cognizant of individual family needs as well as the most functional teaching style for the parent in an effort to teach the parent to be a successful, independent interventionist for their infant (Bromwich, 1981).

Family Focused Early Intervention

The passage of P.L. 99-457 has facilitated the national adoption of a family focused model of early intervention (Guralnick, 1989; Winton & Bailey, 1988). There are a number of textbooks which have been instrumental in providing leadership to the field of early intervention as it turns from the more traditional child focused models to a more encompassing focus on families (cf. Bailey & Simeonsson, 1988; Dunst, Trivette, & Deal, 1988; Turnbull, et al., 1986). There are a number of principles adhered to by the more family focused models which are illustrated within these books. First, families are viewed from a philosophical base which stresses the pervasiveness of the individual family system. Second, the models which are described are data based. Third, information gathering (assessment) is conceptualized as instrumental to the development of effective interventions for the family and child with a disability. Fourth, effective communication skills are necessary to insure valid information gathering. Fifth, goal setting must be directed by the families to insure validity. Sixth, evaluation must be integrally related to all of the above mentioned activities.

IV. Program Models for Early Intervention

As early intervention became recognized as a field, a number of studies demonstrated that early intervention efforts with disabled or at-risk infants and children were effective in accelerating and maintaining their development (Bricker, Bailey, & Bruder, 1984; Casto & Mastropieri, 1986; Dunst, 1985: Dunst, Snyder, & Mankinen, 1986). This finding contributed to the growth and expansion of early intervention services throughout the country. However, the unique needs of infants and families eligible for early intervention have created a challenge to service providers. Both federal legislation (P.L. 99-457) and recommended practice (Brewer, McPherson, Magrab, & Hutchins, 1989; Shelton, Jeppson, & Johnson, 1987), suggest that infant intervention programs be family-directed, comprehensive, community-based and coordinated. At this time, state and local service agencies are struggling with the development of early intervention programs which encompass the above mentioned characteristics. In designing such services, a great number of variables must be addressed (cf., Woodruff, McGonigel, Garland, Zeitlin, Chazkel-Hochman, Shanahan, Toole, & Vincent, 1985).

Most often, programs for infants with special needs consist of those services which are already available. While meeting the needs of some families, others may require a number of additional services which may be difficult to access. For example, an infant may be required to participate in a hospital follow-up clinic, hospital or home-based therapy services, home health services (including equipment maintenance services), and intervention program services. These services may have limitation to the type, frequency and location of their delivery, and this may dictate the options (or lack thereof) available to the family. Additionally, the agencies providing the services may have differing goals, orientations, funding sources, services, and eligibility requirements that may further limit their availability. Although it is clear that few agencies have the resources to provide a total continuum of services to deal with all the problems that may impinge upon an infant with disabilities and his/her family, services should be structured in such a way as to maximize coordination. The following is a description of service variables which may be used to describe the context of early intervention.

a. Philosophy

A clear philosophy that dictates the programmatic goals and services is necessary to insure effective intervention, a sense of professionalism, and staff cohesiveness (McDaniels, 1977). Programs often neglect a philosophical perspective in their zeal to provide services to children and families (Sheehan & Gradel, 1983). Programs which do operate from a set of well defined philosophical assumptions (Bricker, 1988; Dunst, Trivette, & Cross, 1985; Foster, Berger, & McLean, 1981; Hanson & Lynch, 1989; Karnes & Stayton, 1988) seem to generate services that are effective for both children and families (Paine, Bellamy, & Wilcox, 1984).

The most prevalent principles that contribute to a philosophical framework for infant intervention have been summarized by Woodruff and her colleagues (1985):

> -Infants and toddlers are unique because of their dependence on their families. This dependence necessitates a family-directed approach to early intervention.
>
> -Responsibility for a child's development rests with the family. Programs must support, not supplant, the family's role.

-No one agency or discipline can meet the diverse and complex needs of very young children with special needs and their families. A coordinated, interagency approach to planning and delivery of services is necessary.

-Very young children with special needs and their families have a wide variety of needs and resources. Therefore, state planners will want to devise a system that allows early intervention services to be individualized.

b. Funding

Unfortunately, this variable is by far the most confusing. Nationally, there is no one stable funding source for infant intervention programs. Funding depends on legislative allocations through mandates or entitlements, federal, state and local grant allocations, private agency sponsorship, client reimbursement for services through third party coverage (including Medicaid) and lastly, family fees. Funding is a major area that warrants close examination and policy analysis by every early intervention system. Clearly funding has implications for the remainder of the service delivery variables. Further discussion and guidance on programmatic budget preparation are available (cf. Black 1985; Fox, Freedman, & Klepper, 1989).

c. Target Population and Identification Models

The efficacy debate has made service providers cognizant of at least two separate groups of infants who warrant intervention: those considered to be at risk because of environmental (e.g., poverty, teenage mother), or biological factors (e.g., medical conditions associated with a premature birth) and those infants manifesting a discernible biological condition. While infants having severe disabilities are usually recognized during the first weeks of life (Hayden & Beck, 1982), effective strategies for identifying infants with mild or moderate disabling conditions have proven to be elusive. Interventionists and researchers alike are continuing to search for prediction models that will help to identify these infants (Field, 1981). At this time, models which incorporate variables from an infant's biological, behavioral, and environmental domains seem to present the best potential for prediction (Kochanek & Buka, 1991). Nevertheless, these models are still to be derived, and as such, the data base created by them is still undergoing refinement.

It has recently been suggested that screening and intervention procedures be concentrated on populations of infants at an increased risk of developing delays because of medical or environmental factors (Kearsley & Sigel, 1979). This sub-sample of infants would include those born with medical complications which required their admission to neonatal intensive care units (Bricker & Littman, 1983; Caputo, Goldstein, & Taub, 1979; Field, Hallock, Dempsey, & Shuman, 1978; Sigman & Parmelee, 1979), those born into families living in poverty (Broman, Nichols, & Kennedy, 1975; Sameroff & Chandler, 1975), and those born to teenage mothers (Campbell, Breitmayer, & Ramey, 1986; Field, Widmayer, Stringer, & Ignatoff, 1980; Furstenberg, 1976). It has been estimated that 30% of these infants considered "at-risk" subsequently develop delays (Scott & Masi, 1979). These infants are least likely to be identified and subsequently served (Ramey & Trohanis, 1982).

The major goal of developmental screening is to reduce the time that elapses before intervention begins (Glascoe, 1991; Lichtenstein & Ireton, 1984; Meisels, 1985; Thoman & Becker, 1979). However, because of wide range and variations in normal development and behavior during the early years, infants and young children are difficult to screen (Meier, 1975, 1979). In an effort to alleviate some of the difficulties inherent with screening, it has been suggested that parents be involved in the screening process. One technique which has been investigated is the parent completed screening device (Bricker & Squires, 1989; Bricker, Squires, & Kaminski, 1988; Brinker, Frazier, Lancelot, & Norman, 1989; Bruder, Aunins, & Wahlquist, 1988; Field, Hallock, Dempsey, & Shuman, 1978; Frankenburg, Fandel, & Thornton, 1987; Knobloch, Stevens, Malone, Ellison, & Rosenberg, 1979; Harper & Richman, 1979; Bates, Freeland, & Lousbury, 1979; Thompson, Cury, & Yancy, 1979; Widmayer & Field, 1980). At the present time this method of screening seems to represent one successful strategy for screening children who possibly may need remediation. Besides the most obvious cost and time effective identification advantage which this procedure offers, parent completed developmental checklists can also have potential intervention effects (Bricker & Littman, 1983; Swanson, 1979). It would seem that all parents and infants could benefit from the developmental information received from a questionnaire, though all parents may not be candidates for independent questionnaire completion.

d. Staffing Patterns

Funding parameters impact the most on this dimension of service delivery. There is no doubt that infants and their families require the services of professionals with a wide variety of skills. Personnel having medical expertise, therapeutic expertise, educational/developmental expertise and social service expertise are necessary to help establish and implement a viable intervention program. In addition, the target population, program emphasis, and program locations will further dictate personnel needs.

Whether services are provided through a direct service model or a consultant model, the early intervention staff will have to adopt a framework for team operation. One of the most significant aspects of P.L. 99-457 is the mandate of a team process which includes the parents in the development of the IFSP. The team must be prepared to function in an optimum fashion to meet the self-identified needs of the family. The success of the intervention will be dependent on the way in which the team functions.

The types of teams that typically function within early intervention have been identified as multidisciplinary, interdisciplinary and transdisciplinary. The three components that differentiate the types of teams are the role of the family on the team, the mode of communication between team members, and the mode of intervention. Each will be described.

On a **multidisciplinary team**, the professionals representing their own discipline provide discipline specific assessment and intervention which includes individual report writing, often individual goal setting, and discipline specific direct intervention to the child and/or the family. The planning, implementing, and evaluation process is shared with the parent primarily through an "informing" method. This model makes it very difficult to develop coordinated, comprehensive programs for families and their children (McCormick & Goldman, 1979). In this approach, the parent is invited to share information with the professionals and the professionals share the information from assessment, intervention, and follow up with the family. There is minimal integration across the disciplines and family participation is as a passive recipient of information about their child.

On an **interdisciplinary team** each of the professionals carry out individual assessments and interventions but the degree of communication between the professionals and the family represents a formal commitment to the sharing of information throughout the process of assessment, intervention, planning, and implementation (Bailey, 1984). The parent is often an ongoing member of the team but their input is generally considered secondary to the material collected through discipline specific assessments and intervention.

On a **transdisciplinary team**, the members share roles and systematically cross discipline boundaries. The communication style in this type of team involves continuous give and take between all the members of the team on a regular, planned basis. The role differentiation between disciplines is defined by the needs of the situation as opposed to discipline specific characteristics. Assessment, intervention, and evaluation are carried out by a designated member of the team, depending on the decisions of the team.

The purpose of the transdisciplinary team approach is to pool and integrate the expertise of the team members so that more efficient and comprehensive assessment and intervention plans and services may be provided (Hutchinson, 1978; Sailor & Guess, 1983). A transdisciplinary team is characterized by joint team effort (team members working together), joint staff development (team members providing each other with inservice training from their respective disciplines), and role release (team members training each other in their respective disciplines to implement intervention) (McCollum & Hughes, 1988; Noonan & Kilgo, 1987, Woodruff & McGonigel, 1988).

Cooperation is inherent in the transdisciplinary team model. A cooperative team is one in which the members perceive that they can obtain their own goal if, and only if, the other team members also obtain their respective goals. This cooperative team model process may be described as a three step process in which team members: 1) develop positive interdependence (agreeing to do all that is in their power to achieve a mutually accepted goal); 2) practice collaborative skills; and 3) monitor and discuss their performance of collaborative behaviors (Fox, Thousand, Williams Fox, Towne, Reid, Conn-Powers, & Calcagni, 1986). It has been suggested that the transdisciplinary model of staffing must be implemented to fully realize the intent of services under P.L. 99-457 (McGonigel & Garland, 1988).

e. Curricula

Curricula provide a basis for the intervention which is delivered to infants and their families. In particular, curricula address the content of the intervention, the teaching/learning strategies and the means for assessing intervention (Bailey, Jens, & Johnson, 1979). Interestingly, data on different curriculum impact suggest that there is little difference on types of curricula on child outcome (Weikart, 1972). Instead of curricula orientation, variables which seem to impact outcome include the commitment of the staff to a philosophical orientation which dictates the curricula.

Infant curricula seem to primarily reflect a developmental focus, though new information has suggested the importance of more functional process oriented approaches, some of which encompass the family system (Bailey, Jens, & Johnson, 1983; Bailey & Wolery, 1983; Brinker & Lewis, 1982; Dunst, Cushing, & Vance, 1985). A growing body of theoretical and empirical evidence suggests that a responsive teaching style is related to optimal development for normally developing, pre-term, high risk, and handicapped infants and children (Dunst, et al., 1985; Goldberg, 1977, Linn

& Horowitz, 1983; Mahoney, 1985). Specifically, parental responsivity has been found to be related to security of attachment (Smith & Pederson, 1988) compliance (Roberts & Stryare, 1987) and measures of mental development (Mahoney, 1985). Watson's (1976) research on infant awareness of contingency experiences suggested that parents come to be endeared by infants because parents provide infants with contingent experiences and thereby promote infant feelings of efficacy.

Lewis (1978) has suggested that contingency experiences are important for infants because contingency experiences teach infants that they can effectively influence or control their environment. In other words, contingent experiences teach infants that they are competent beings who can effectively exert an influence on their social and physical world. Conversely, exposure to repeated non-contingent experiences are thought to have a negative impact on infant learning, readiness to initiate and respond, motivation, and affective behavior. Although there is some controversy regarding whether infants display the true signs of learned helplessness, the negative impact of repeated exposure to non-contingent experiences has been documented by negative facial expression and decreased response rate (Trad, 1986; Fincham & Cain, 1986).

Contingent experiences can be both social and nonsocial in nature. The most important social contingent experiences for infants occur in the context of infant- parent/care giver interaction. Linn and Horowitz (1983) conceptually defined responsivity in parental behavior as a tendency for a parent to quickly follow infant signaling behaviors with a behavior by the parent. Contingent responsivity in infant-parent interaction has been defined as parental behavior which is temporally and functionally related to the infant's signals. The degree to which parents observe infant behavior, notice infant cueing or signaling behavior, interpret those behaviors, and respond according to their interpretations, is an indication of parental contingent responsivity to infant's behavior (Nover, Shore, Timberlake, & Greenspan, 1984). It is through these early social interactions with care givers that infants experience their world and obtain mental representations of themselves and their environment.

Nonsocial contingent experiences are also important for infant learning because it is through these experiences that infants learn the extent to which they can effectively exert an influence over or control aspects of their physical environment. Nonsocial contingent experiences occur, then an infant obtains feedback about the efficacy of his/her action upon the environment. Helium balloons tied to an infant's wrist, mobiles which are voice activated, and mirrors which provide visual images are examples of nonsocial contingent experiences which can provide infants with opportunities to experience the result of their action on their environment. If the perception is that outcomes are uncontrollable because of repeated exposure to non-contingent experiences, there maybe a decreased awareness of the ability to exert an influence on the environment, as well as decreased motivation to act, and depressed affect (Abramson, Seligman, & Teasdale, 1978).

The designation of "best practice" in curricula for infants with special needs has been evolving for a period of years with input coming from theories of normal child development and from research with both typical and atypical infants and their families. It is possible to summarize current thinking and research in this area around four major tenets of intervention:

-Intervention should incorporate strategies for facilitating social reciprocity;

-Intervention efforts should actively involve the infant in learning to control his/her environment;

-Intervention must focus on the infant's functional use of behavior in typical home and/or classroom environments;

-Intervention should utilize a combination of structured and responsive intervention strategies depending on the characteristics of the infant, the intervention target, and the learning environment;

Activity Based Programming is one method which is recommended as an intervention strategy which encompasses all four of the tenets has been termed activity based programming. This strategy has been described "as a child-directed, transactional approach, that embeds training on a child's individual goals and objectives in routine or planned activities and use logically occurring antecedents and consequences to develop functional and generalizable skills" (Bricker & Cripe, 1989, p. 253). As such, this type of approach utilizes the many naturally occurring events and opportunities that exist in a young child's life as "intervention opportunities". By capitalizing on the child's interests, preferences, and actions, emphasis is placed on the child's initiations rather than on the service provider's choices. In addition, the interventions encourage the acquisition of generalizable and functional skills. This is accomplished by crossing developmental domains in the same activity, using naturalistic instructional strategies, and promoting creativity and independence. For example, during snack time objectives from several developmental domains may be targeted such as self help, communication, and fine motor skills.

There are many different ways to facilitate and organize an activity. One strategy to successfully promote learning is to organize information based on the child and family's routines and naturally occurring events in whatever setting the child may be in (e.g., home, hospital, child care).

Other important practices which must be kept in mind when organizing and delivering curricula for an infant or toddler are goal setting and systematic instruction. The process of writing goals and objectives should reflect family-driven choices. Basically, goals represent long-range expectations, and are based on strengths, needs, and preferences. Objectives differ from goals in that they separate the goal into smaller components. Each objective should be written so that there is little or no doubt of the original intention. Steps to promote effective objective writing include:

a. stating the specific action or behavior that will be expected (it should be observable and measurable);
b. identifying the conditions under which the behavior will be demonstrated, and;
c. identifying specific criteria to determine the quality of the action or behavior.

Principles of systematic instruction include the use of antecedent and consequating procedures. For example antecedents can include prompts such as cues, signals, or other methods of gaining the child's attention and consequences include reinforces (individual for each child and as natural as possible) or correction procedures. Other such techniques are discussed in detail elsewhere (e.g.,).

f. Service Setting

This dimension of intervention addresses the site in which intervention occurs. A variety of factors influence the decision about the optimum service setting for an infant or toddler. These include the location of the intervention program (i.e., urban vs. rural), the program's space allocation, the needs of the infant, the transportation resources of the family and program, and the preference of the family. Clearly there is no standard setting in which to provide formal intervention from a professional. The most important aspect of the setting is that the family can readily adapt the recommended intervention technique to the home environment.

Most infant programs tend to be home-based (Bailey & Simeonsson, 1988), yet intervention can be provided in a hospital setting, a child care setting (center, or family day care, or babysitters), or a more restrictive classroom or therapy program for children with disabilities only. When services are provided in the home, parents have the opportunity to become an integral part of the intervention process in their own natural environment. Furthermore, the child and family receive individualized attention because of the one to one nature of instruction within the family's home. Because interventionists work directly in the family's home, the potential for intrusiveness is present. Therefore, it is necessary to consistently provide a family centered approach to early intervention.

Bazyk (1986) suggests the following guidelines:

a. the parent is the decision maker;
b. the parent is first a parent, then the teacher/therapist;
c. programs are developed by the teacher and the parent based upon best principles of family-centered early intervention;
d. each family is different in their willingness, desire, and motivation to participate in early intervention;
e. parents have options about services they need and want;
f. the child's needs must be viewed in the context of the family.

Many early intervention programs are choosing to expand from home-based options to group options which use community early childhood settings as intervention sites (Hanline & Hanson, 1989; Peck, Killen, & Baumgart, 1989). Two developments are responsible for the use of this type of service setting. First, there has been a greater awareness of the importance of integrating persons with disabilities into all aspects of society.

School age children who attend public schools are now routinely given the opportunity to have instruction delivered within community settings (e.g., Berres & Knoblock, 1987; Falvey, 1986; Rosletter, Kowalski, & Hunter, 1984). Educational programs which serve preschool age children with disabilities are beginning to integrate disabled and non-disabled children for instructional purposes (e.g., Ground & Yeager, 1987; Mlinarcik, 1987; Odom & McEvoy, 1988), though the existence of these programs are limited.

Second, there has been increasing demand for day care services for young children. Over 5 million children are in the care of 1.5 million day care providers and it is projected that this number will continue to grow (Jones & Meisels, 1987). Families with children who are disabled are also in dire need of child care services (Berk & Berk, 1982; Klein & Sheehan, 1987). It has been suggested that early intervention programs support a family's needs for child care by providing services within a community program. This setting has the potential to meet the goals of normalization and also meet family needs (Bagnato, Kontos, & Neisworth, 1987; Galloway & Chandler, 1978; Goodman & Andrews, 1981; Hanson & Hanline, 1989; Kontos, 1988; Rule, Stowitschek, Innocenti, Striefel, Killoran, Swezey, & Boswell, 1987). Many early intervention systems (e.g., Connecticut, San Francisco) have accepted this challenge and currently provide such group settings for infants and toddlers enrolled in early intervention.

g. Family Involvement

One of the most significant results of the passage of P.L. 99-457 is the change in perspective on families. This perspective represents a family-centered approach to intervention based upon the premise that the family is the enduring and central force in the life of the child and serves as the primary support for that child if he/she is to adapt to the environment.

Implicit in this focus is the recognition that in order to work with infants and toddlers identified with disabilities, professionals must be able to examine the strengths and needs of a family, work with the child within the context of the family, communicate effectively with families in order to establish collaborative goals for the child based upon parental input, and provide services to the entire family which often involves case management skills.

The family-directed approach to early intervention requires professionals to operate within a system that expands their usual method of practicing within their discipline's boundaries. Along with this, family-directed early intervention implies that the parent and professionals have parallel positions on a team with all parties bringing their expertise together to problem solve. These two expansions on present professional practice place a strain on the existing mode of training professionals. Bailey (1987) recommends that personnel preparation for early intervention focus on the acquisition of the following basic skills:

a. understanding of family from a systems perspective;
b. assessment of family needs;
c. use of effective listening and interviewing techniques;
d. negotiation of values and priorities to provide quality services to children;
e. ability to perform as case managers to help families match needs with available community resources (p. 265).

Both the spirit and intent of P.L. 99-457 shift the focus for provision of services from a system in which agencies provide care to a system in which the family and the involved agencies collaboratively plan and actualize services according to the unique needs and qualities of each family. The following eight principles of family-directed care were developed by the

Association for the Care of Children's Health (1988) to help define family-centered service delivery.

1. Recognition that the family is the constant in the child's life while the service systems and personnel within those systems fluctuate. As service providers, it is critical to respect and support the essential role families play in the care of children, particularly those who require some form of intervention. Families assume the ultimate responsibility for their child's daily care as well as planning for long term needs. Professionals must learn to value parental judgment and to respect a family's unique values and visions as "best practice" as opposed to a legislative mandate.

2. Facilitation of parent and professional collaboration at all levels of care. A meaningful partnership in caring for children with special needs is essential to the success of the service plan. This collaborative planning will lead to the development of care plans which are designed to address the child's and family's strengths and needs. Collaborative skills are essential to this process. The process can be formal, in structured meetings, or can include informal opportunities to plan and work together. This will require mutual respect for each other's point of view and a commitment to making the partnership a reality.

3. Sharing of unbiased, complete information with the parents about their child's care on an ongoing basis, and in an appropriate and supportive manner. Access to information is a key element in this parent/professional partnership. In order for the family to function as equal partners with the professionals with whom they work, the families need access to complete information, shared in a understandable format, and written in the family's primary language. This information should include diagnosis/prognosis, resources, funding and current research data.

4. Implementation of appropriate policies and programs that are comprehensive and provide emotional and financial support to meet the needs of the family. A child with a disability can affect all facets of the family system, both positively and negatively. Every family's support needs are unique and reflective of their family system, their values and their vision. Support needs may include financial assistance, respite, child care, case management, or parent-to-parent support. Family support services should be based on the concept of "whatever it takes" to allow a family to bring the child home, if that is their choice. In addition, this philosophy supports the assumption that families are in the best position to determine what they need.

5. Recognition of family strengths and individuality and respect for different methods of coping. Each family system is unique, and may include natural sources of support such as neighbors, extended family, friends, and community associates. Professionals should insure that these existing social networks are supported and strengthened. Services should be designed to respect the entire family, including the child, parents, grandparents, brothers and sisters, extended family and friends.

6. Understanding and incorporating the developmental needs of infants, children and adolescents and their families into intervention systems. The development of a continuing care plan should reflect the individual strengths and needs of all family members. The care plan should promote healthy family functioning. The interrelatedness of all aspects of the child's development must be considered. In addition, it is important to normalize the roles of all family members. We often place expectations on families to provide "nursing," "case management," "special education," or "rehabilitative" functions. The purpose of the plan fosters the development of an environment in which the family can maintain its equilibrium as a "typical" family, with normal parent roles, while performing special tasks necessary for their child. Thus, the support services become essential to the family so that they are not consumed with other non-parent responsibilities.

7. Encouragement and facilitation of parent-to-parent support. Parent-to-parent support is recognized by families as one of the most valuable mechanisms for successful coping, as well as for sharing of valuable information. Parents can offer each other respect without judgment, and empathy which comes from shared experiences. Parent-to-parent matches newly referred parents with veteran parents who have received training in their role as parent-to-parent volunteers. Another form of support can come through support groups. Support groups can be parent-led, parent/professional-led, or professional-led groups. Groups which are led by professionals may not effectively represent the true needs and interests of the parents.

8. Assurance that the design of health care delivery systems is flexible, accessible, and responsive to family needs. The system of services which a family must utilize for their child with a disability is highly fragmented and difficult to access. In fact, many families will identify their service delivery system as a greater source of stress than the daily care of their child. Rigid and conflicting eligibility requirements, confusing application forms, and turf issues among professionals signify barriers to quality care for these children and their families. These issues must be addressed at both policy and service levels, within and among agencies so that families encounter a "user friendly" system of services for their child.

In addition, early intervention programs are becoming much more sensitive to the cultural background of the enrolled families. This important variable contributes to the make-up and operation of a family system. The United States was built on a foundation of cultural diversity that over time has become an American frame of mind. The families of the infants and toddlers who come to the early intervention system, represent all the facets of American society and cultural backgrounds. The basic components of culture that must be considered as professionals interface with families include language, communication style, religious beliefs, values, customs, food preferences and taboos, each as they effect the families perception of disabilities. Professionals who work in early intervention must have the ability to understand the similarities and differences between their cultural beliefs and values and those of their clients. The influence of cultural norms can be more significant than the influence of a specific intervention. Early intervention personnel must develop sensitivity to the unique role these parameters play in each family system. Anderson and Fenichel (1989) further suggest that the professional must allow the family to take the lead in revealing their own place within the culture.

h. Evaluation

One area which must be highlighted within early intervention programs under P.L. 99-457 is program evaluation. The efficacy of such programs has received much attention during recent years (Bricker, Bailey, & Bruder, 1984; Dunst, 1988; Guralnick, 1988; Hanson, 1984; Odom & Karnes, 1988). The result of such scrutiny has been an increased awareness of the importance of evaluation as it relates to the improvement and expansion of the early intervention service system.

Program evaluation has been defined as an objective systematic process for gathering information about a program or set of activities that can be utilized for the following purposes: (a) to ascertain the program's ability to achieve the originally conceived and implemented goals, (b) to suggest modifications that might lead to improvement in quality and effectiveness, and (c) to allow well-informed decisions about the worth, merit, and level of support a program warrants (Bickman & Weatherford, 1988). In order for evaluation to be effective, it must be designed with a specific purpose in mind. Few early intervention programs have well developed purposes and evaluation plans prior to the beginning of service, thus compromising their program's ability to document outcomes.

Early intervention programs that serve infants and toddlers with disabilities and their families must consider a number of issues when designing evaluation plans. First and foremost is the heterogeneity of the population. This factor may limit the types and scope of variables which can be measured across the group of program participants (Garwood, 1982). The second factor relates to the first, in that few standardized tools are available which either meet the diverse developmental needs of the population, or allow for small rates of growth over time (Dunst, 1985). A third factor relates to the inherent methodological limitations that may compromise evaluation efforts within the group of severely disabled. These limitations may include subject characteristics which effect both the internal and external validity of the plans, sample or group size, the lack of rigorous designs, misuse of statistical procedures and the lack of detail about both independent and dependent variables.

In order to remedy these inherent problems, it has been suggested that evaluation in early intervention programs be multidimensional

(Johnson, 1988; Sheehan & Gallagher, 1983). For the enrolled infant or toddler, the measurement and outcome procedures should match the specific goals of the interventions for which they are designed. This could include information which reflects the infant's attainment of goals such as increases in interactional competence, contingency awareness or engagement with the environment. In addition, programs should measure the outcomes of various family variables such as independent resource management or recruitment of support networks. Last, the program should measure aspects of the environment, including staff status. All measures should be conducted on both a formative (during program operation) and a summative (at the completion of services) schedule.

Child Evaluation. Individual infant/toddler evaluations can serve as a valuable monitoring tool which provides input about program effectiveness. According to Bricker and Littman (1982) child evaluation serves the following distinct, yet complimentary functions:

a. guides development of individual programming;
b. provides feedback about success of individual programming, and;
c. provides a system for determining the value of an intervention system designed to benefit groups of children.

Bricker & Littman (1982) also suggest the following scheme to insure a comprehensive plan of child evaluation:

> **Initial Assessments**. Initial assessments serve as the first steps in determining whether or not a program is appropriate for a specific child, and if the program philosophy represents families' beliefs and attitudes. In addition, the development of an appropriate Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) by the family and staff members provide a solid foundation from which to start building the child's individualized program upon.
>
> **Daily and Weekly Monitoring**. It is vital that child outcomes be monitored on a continuous basis, but the way this information is gathered may vary from child to child. The amount, type, and strategies to collect data should be based upon program resources,

intervention strategies, and the degree of importance for daily or weekly monitoring as a source of feedback.

Quarterly Evaluation. The focus of this evaluation is on the effectiveness of the intervention as outlined on the IEP on a quarterly basis. Specific evaluation measures may vary but it is important to compare child progress with some predetermined standard or expectation.

Annual Evaluation. The annual evaluation not only addresses the progress of an individual child but compares the impact of the program on groups of children as well as other programs. It is through this and other information that team members are able to assess, adapt, and refine intervention strategies.

Ongoing examination of child outcome provides the interventionist with realistic feedback about child progress. In addition, systematic data-based evaluations hold professionals accountable not only to themselves but to the children and families they serve.

Family Evaluation. Although addressing family resources, priorities and concerns is not a new concept in early intervention, there has been increased interest toward it perhaps due to recent attention toward Individual Family Service Plans (IFSP's). Family assessment is a process which assists service providers and families in jointly identifying the family's resources, priorities, and concerns as a means to develop appropriate service plans and support systems. Just as each child must be viewed as an individual, families too deserve respect, confidentiality and the recognition that they have unique needs, interests, and beliefs. Thus, an assessment measure that is appropriate for one family may not be appropriate for another family. Furthermore, all parameters of the assessment may not be needed for each family.

Before a family assessment can occur, it is essential that a philosophical base be in place as a means of maintaining the privacy and integrity of the family. An effective early interventionist recognizes the uniqueness of each family, including their unique and individual resources, priorities, and concerns, and acknowledges that any experience affecting one family member will also affect all other family members. Furthermore, it is important to understand that families determine their own priorities -- both for individual members and the family as a whole, and to recognize that families seek both formal and informal solutions to address their needs. As such, family assessments are like child assessments in that they occur on an ongoing basis and are an integral part of the planning process. Family assessments can only be deemed effective if resources, priorities, and concerns are identified jointly by the family and service providers. Some topical areas to cover during the assessment process include family resources, child care, intervention, family interactions, cultural and religious factors, families' need for support, information and training. Although interviews are a common method of obtaining this type of information, families' needs and preferences must be considered before information is gathered in this manner. After a family's resources, priorities, and concerns are identified, this information can be translated into meaningful goals and objectives prior to implementing intervention. If conducted properly, family assessments serve an invaluable purpose in identifying, developing, and monitoring child and family status within the larger context of determining program effectiveness.

Program Evaluation. Wolery and Bailey (1984) recommend several questions that offer insight into the overall quality of a program. These questions are:

a. Can the program demonstrate that the methods, materials, and overall service delivery represent the best educational practice?

b. Can the program demonstrate that the methods espoused in the overall philosophy are implemented accurately and consistently?
c. Can the program demonstrate that it attempts to verify empirically the effectiveness of interventions or other individual program components for which the best educational practice has yet to be verified?
d. Can the program demonstrate that it carefully monitors client progress and is sensitive to points at which changes in service need to be made?
e. Can the program demonstrate that a system is in place for determining the relative adequacy of client progress and service delivery?
f. Can the program demonstrate that it is moving toward the accomplishment of program goals/objectives?
g. Can the program demonstrate that the goals, methods and materials, and overall service delivery system are in accordance with the needs and values of the community and clients it serves?

Obtaining this type of information can provide a clear and realistic framework for understanding and monitoring program operations and effectiveness.

One vital aspect of the program evaluation process which is often overlooked is an assessment of the intervention environment. The Early Childhood Environment Rating Scale (Harms & Clifford, 1980) and the Infant/Toddler Environment Rating Scale (Harms, Cryer, & Clifford, 1990) have been developed to assess the quality of center based environments for young children. These scales are organized around basic categories and include some of these content areas: furnishings, routines, learning activities, interaction, program structure and adult needs. This type of environmental assessment provides immediate feedback about the nature and the quality of the environment, which in turn has a direct impact on the quality of early intervention services.

Therefore, comprehensive evaluations should represent the scope of the most important features of intervention: the child, the family and the program. Without this critical feedback on all of these interlocking components, early intervention services can never fully meet the individual needs of infants and toddlers with disabilities and their families.

V. Discipline Specific Recommendations and Personnel Standards

It has been suggested that professional preparation programs within the ten disciplines identified in P.L. 99-457 be refined to include discipline specific skills in both infancy and families, as well as interdisciplinary skills necessary for the implementation of the law (McCollum, & Thorp, 1988). For example, all disciplines should have thorough knowledge of infant development, identification and assessment, intervention techniques, family systems, and communicating with families. The interdisciplinary skills would include how to operate within a team by sharing and utilizing other member's expertise for both assessment and program planning. All disciplines should also have a working knowledge of interagency coordination and case management strategies. It must be noted that many of these skills will require supervised practical application in order to insure the trainee has acquired competence in the area. These areas of training have been refined by Don Bailey and his colleagues (Bailey, 1989) at the Carolina Institute of Personnel Preparation.

In light of recent federal legislation, professional disciplines have been examining their roles and future directions with regard to infants and toddlers with disabilities, and their families. While family-directed, interdisciplinary and comprehensive services are currently recognized as the standard for practice, each of the ten professional disciplines identified in P.L. 99-457 Part H is carefully considering how the implementation of the law will impact on their disciplines. The following discussion provides an overview on personnel recommendations and competencies as suggested by each of these disciplines.

Audiology

In a recent article about pediatric audiology, Roush and McWilliam (1990) address several discipline specific issues regarding future directions and implications for the field. The issues of identification and assessment were raised, specifically the consistency and quality of services provided to infants and young children. The authors further suggested that interdisciplinary team members must recognize that a higher prevalence of hearing impairments exist in this population, therefore, audiological assessments must be requested whenever there is reason for concern.

According to Roush and McWilliam (1990), the issue of funding remains one of the greatest challenges for audiologists. For example, many funding mechanisms are not well defined and as a result, the role of audiologists, particularly in different service delivery settings, remains unclear. It was recommended that a collaborative relationship with state officials be developed to explore existing and additional funding sources.

Furthermore, Roush and McWilliam (1990) identified the following issues faced by audiologists and the children and families they serve:

1. definitions of developmental delay as it related to infants and toddlers with hearing impairments;
2. the role of the audiologist as a team member, and;
3. case management issues.

In addition to this new federal policy, demographic trends are also providing new challenges and issues for audiologists. These challenges, some of which include pediatric audiology with a family-directed approach, and integration of youngsters with hearing impairments within natural and traditional early childhood programs, require a re-examination of existing structures. It was recommended that personnel preparation, identification process and intervention systems will need to be reconsidered by audiologists in order to begin to meet the new challenges delineated in P.L. 99-457.

Early Childhood Special Education

The White Paper (1989), published by the Division for Early Childhood (DEC) provides recommendations for certification of early childhood special education (ECSE) personnel. Because of recent federal legislation, the changing perception of the family in the young child's life, and an abundance of new research in early childhood, DEC recognized that early intervention (EI) services were swiftly changing and expanding. As such there is a growing awareness that personnel preparation and training must adapt to meet the current and future needs of youngsters with disabilities and their families.

The DEC White Paper recommends that each state develop two certificates in Early Child Special Education: a Beginning Professional Certificate which includes a range of birth to five years, and a Continuing Professional Certificate which reflects a specialization in either infants and toddlers, or preschoolers. As of October, 1990, four states have adopted these recommendations (Gallagher & Coleman, 1990). The Beginning Professional Certificate would be an entry level certification and cover a general foundation of knowledge and skills. In order to qualify for this level, applicants would need to complete a state approved degree program at either the undergraduate or graduate level. The general content areas for the Beginning Professional Certificate include:

Educational Foundations
Foundations of Early Childhood Special Education
Child Development-Birth to 5
Atypical Child Development-Birth to 5
Survey of Exceptionalities
Methods in Early Childhood Special Education
Assessment of the Young Child

Curriculum (Methods: Birth to 2 years; 3-5 years)
Physical, Medical and Health Management
Environmental and Behavior Management
Interdisciplinary and Interagency Teaming
Organizational Environments for Early Intervention

The Continuing Professional Certificate represents a more specialized knowledge base. Individuals who are eligible for this type of certification would hold a Beginning Professional Certificate, complete an advanced program of study, and have had two years successful employment in an EI or ECSE program recognized by the state. DEC recommends that the same state agency be responsible for granting both types of certificates.

Several issues and trends provide the impetus for these recommendations. DEC acknowledges that federal funding has influenced the development of many EI and ECSE personnel preparation programs. However, many of these teacher training programs are guided by state requirements which may not necessarily reflect best practice for youngsters with disabilities and their families. In addition, DEC recognized the need for flexibility within training programs, and, therefore, provides guidelines for best practice in general content areas for states and institutions of higher education. Additionally, a study examining the status of personnel preparation in EI indicates that special educators receive very little training in infant assessment and intervention at both the undergraduate and graduate levels (Bailey, Simeonsson, Yoder & Huntington, 1990).

The following important considerations in personnel preparation are identified and addressed by the DEC White Paper:

1. the unique contributions of EI or ECSE personnel;
2. distinct differences between EI and other special education fields;
3. specialized training for different age groups, and;

4. issues relating to who provides the training or certifies these professionals.

As a result, the DEC White Paper reflects new directions, recommendations and guidelines for ensuring that best practice services are provided to infants, toddlers and preschoolers with disabilities and their families.

Medicine

In light of recent national policy on research findings, physicians have begun to re-examine their roles. At a national conference, a panel of pediatricians and neurologists addressed several key issues regarding the physician's role and the implementation of P.L. 99-457 (Teplin, 1988). The following key competencies for physicians working with infants and toddlers with disabilities and their families were identified:

1. knowledge about children and developmental disabilities;
2. knowledge about families;
3. attitudes toward disabilities, family structures, and cultural differences;
4. knowledge about communication skills, and;
5. knowledge and skills in the area of advocacy.

This panel also suggested that training for medical students and residents could emphasize a range of settings and formats including high risk or neonatal follow-up, home, day care, and preschool visits, and a variety of presentations, readings and discussions specific to early intervention. Some inservice training topics that were also identified included legislation regarding youngsters with disabilities, family systems, communication and effectiveness of early intervention services. The panel suggests that inservice training should not be limited to pediatricians, but include health department physicians and surgical sub-specialists.

Additional roles and directions for physicians who provide services to infants and toddlers with disabilities and their families have included case management responsibility, IFSP development, community-based services, and specialization in a specific handicapping condition (Coury, 1990). These recommendations have been built upon trends in the medical profession such as medical and technological advances, improvements in the delivery of services and preventive health care, and growing number of children with disabilities who are seen in private practice. As a result, efforts are being made to address the changing role of the physician and how this role will positively influence early intervention services.

Nursing

Nurses are currently re-examining their role in order to meet the challenges set forth in P.L. 99-457. According to Brandt and Magyary (1989), nurses who provide services to infants and toddlers with disabilities need to complete a graduate program with a specialized curriculum and clinical experience. For example, a nurse who specialized in disability or developmental delay is responsible for sleep patterns, parent-child relationship and family coping. Brandt and Magyary (1989) suggested that graduate level training of nurse specialists in early intervention must include the topical areas: family, interdisciplinary teams, and community collaboration, comprehensive care, and family-directed case management. A health approach to care which includes early identification, diagnostic evaluation, and community-based resources would also be included in the curriculum. As a result, nurses will be better prepared to meet the needs of infants and toddlers with disabilities.

An examination of personnel preparation in early intervention reveals that at the graduate level, nursing students receive the highest mean clock hours in normal and abnormal infant development (Bailey et al., 1990). With the exception of social work students, nurses received more preparation in values and ethics than the other disciplines (i.e., special education, occupational therapy, physical therapy, speech-language pathology, psychology). However, findings from this study reveal that nurses spend the least amount of time than other content areas in infant assessment and intervention. Thus, it appears that the changing curriculum in nursing will increase the scope and intensity of training in order to meet the growing demands of nurse specialists.

Nutrition

Nutritionists and dietitians, like the other professional disciplines recognized by P.L. 99-457, are faced with challenges in preparing personnel to serve youngsters with disabilities and their families. At a national conference, a working group of dietitians identified several competencies for dietitians working in early intervention (Kaufman, 1989). These competencies are:

1. Knows principles of normal nutrition for growth and development and clinical nutrition as it applies to children "at risk" or with chronic illnesses/disabling conditions.
2. Possesses basic knowledge and skills to improve the overall health and well-being of infants and children "at risk" or with chronic illnesses/disabling conditions.
3. Knows principles of nutrition to recommend the appropriate level of care for each infant; assesses factors affecting client's nutritional status. Integrates nutrition assessment into the Individual Family Service Plan (IFSP).
4. Possesses knowledge and skills in developing, implementing, documenting, communicating, and monitoring the nutrition care plan as part of the IFSP.
5. Has skills in effective verbal and written communication to function effectively as a member of the interdisciplinary team.
6. Has knowledge and skill in consultation process for case management and program development.
7. Has skill in defining the scope, content, and delivery of quality nutrition services in family-directed programs.
8. Has skill in developing, implementing, and evaluating nutrition education programs at different levels to meet needs of children, families, and professionals, individually or in groups.

9. Has knowledge and skill in process and outcome evaluation (i.e., quality assurance, cost-benefit, cost-effectiveness analysis).

Future directions outlines by this working group include more preservice content on infants with and without disabilities and their families. Infants' nutritional needs, and the role of nutrition in family-based programs, were also identified as important issues. Additionally, preservice personnel may lack critical experiences since hospital-based practica provide limited opportunities about home-based experiences.

According to Kaufman (1989), competencies and recommendations were the result of research findings and national legislation. It was further reported that the working group of dietitians speculated that multiple pressures and lack of curriculum flexibility deter faculty members from developing expertise and research in infant nutrition care.

Occupational Therapy

The Position Paper on Occupational Therapy Services in Early Intervention and Preschool Services (AOTA, 1988) supports a family-focused, and collaborative approach in the provision of services to youngsters with disabilities and their families. This paper further suggests that occupational therapy services should provide tasks and activities that are functional and allow the child to be an active participant.

In an effort to meet the existing and future challenges in early intervention, a couple of key issues relating to occupational therapists have been identified. Hanft and Humphry (1989), suggest the need for continuing education is a major concern, as is the current critical shortage of personnel qualified to provide early intervention services. Hanft and Humphry outline the following early intervention training needs that are addressed through a federally funded inservice project awarded to the American Occupational Therapy Association (AOTA):

1. interacting with families who have youngsters with disabilities;
2. consulting and interacting on interdisciplinary teams, and;
3. providing services in an interagency system of health, education, and social services.

The AOTA grant will reach approximately 1,000 occupational therapists through three day workshops.

At the undergraduate level occupational therapy students receive the majority of training, as demonstrated by mean clock hours, in normal and abnormal development, and the least among of training in case management, and family assessment and intervention (Bailey, et al., 1989). Furthermore, a survey indicated that at the graduate level of preservice preparation, occupational therapy students receive the most training in normal and abnormal infant development, and the least among of training in case management and interdisciplinary team process. Additional areas to consider in training occupational therapists include knowledge of parent-child relationships, and parents' perception and attitudes of their own role (Humphry, 1989). As such, occupational therapists are addressing and will continue to address specific content areas related to early intervention services.

Physical Therapy

In an effort to identify the status and needs of personnel preparation in physical therapy, Cochrane, Farley, and Wilhelm (1990), conducted a telephone survey of preservice physical therapy programs. They found that more than 93% of the entry level programs offered course content on normal and abnormal infant development, and infant assessment and intervention. However, the mean clock hours varied greatly. Of programs not offering a specialty track in pediatrics, several programs indicated there would not be an infancy specialization in the future due to lack of curriculum flexibility and inconsistency with program mission. Furthermore, coursework in family issues and clinical experience with a pediatric population were limited.

Cochrane, Farley, and Wilhelm (1990) also reported on early intervention competencies for physical therapists which were refined during a working group meeting of conference participants. These competencies are:

screening for neuro-musculo-skeletal and cardiopulmonary, and general developmental dysfunction;
assessing children's neuro-musculo-skeletal status and motor skills for different diagnosis;
assessing children's cardiopulmonary status;
designing, implementing, and monitoring therapeutic interventions;
evaluating intervention effectiveness and modifying programs as needed;
identifying with the family, their strengths, priorities, and needs;
developing family recommendations and monitoring their implementation;
participating in interdisciplinary planning;
consulting with the family members and care givers;
consulting with and referring to other professionals and community agencies serving as case managers;
recommending or fabricating adaptive equipment and mobility devices;
recommending or implementing environmental modifications.

The group then generated specific training strategies and curriculum development ideas which included development of videotapes reflecting realistic scenarios, and the establishment of a centralized loan library. These suggestions and competencies have been developed as a result of the data gathered from this and other research.

Neonatal physical therapy, a sub-specialty area within pediatric physical therapy has also received increased attention. According to Sweeney and Chandler (1990), one role of neonatal physical therapists is to assess and prevent physiologic and musculo-skeletal reactions in newborns. The authors identified several issues related to this specialized training including:

1. limited exposure to specialization's at the entry level, which tends to limit the practice and future career choices of physical therapists, and;
2. increasing the awareness of the critical need for this advanced training.

They outline existing possibilities for training in neonatal physical therapy such as a 3-6 month pediatric university-affiliated fellowship with a neonatal intensive care unit (NICU) training component, and local training programs with a NICU focus. Sweeney and Chandler (1990) suggested a gradual entry training approach which includes content on parent and child assessment and intervention, participation on both the NICU discharge planning team and interdisciplinary team, and clinical management and evaluation of neonatal infants.

Personnel preparation in early intervention and neonatal physical therapy seems to be changing as rapidly as the needs are changing in the field. The existing efforts to train physical therapists in more specialized areas will reach youngsters with disabilities and their families in the near future.

Psychology

Psychologists have been reassessing their roles in the delivery of services to infants and toddlers with disabilities and their families. According to Drotar and Sturm (1989), psychologists work with infants and their families within a wide variety of settings such as hospitals, private practice, early education settings, human service agencies, and pediatric clinics. Drotar and Sturm (1989), however, reported that psychologists are not necessarily trained to provide services to this population and their families.

The authors recommend the following didactic content areas when preparing psychology personnel in early intervention:

1. typical and atypical development;
2. child and adult psychopathology;
3. developmental disabilities and mental retardation;
4. assessment and intervention;
5. ethical and legal issues;
6. consultation;
7. interdisciplinary collaboration;
8. communication, and;
9. research.

Drotar and Sturm (1989) suggested that because of variations among training institutions, no single strategy of training of psychology personnel in early intervention can be expected. They do, however, suggest that there remains a great need to develop innovative training practices at the graduate, internships and post-doctoral levels, and that faculty with expertise in this area should be encouraged to develop training projects for infant specialists across disciplines.

Social Work

In light of national legislation, among other factors, social workers are witnessing an increased demand for their services to infants, toddlers and their families. Nover and Timberlake (1989), suggested the following additional factors which are influencing the growing attention to this population. These included:

1. dramatic increases in the number of working mothers with youngsters under 3 years;
2. the high demand for child care services;
3. an expansion of the knowledge base on infant abilities across developmental domains;
4. improved systems for early identification of risk factors and problems, and;
5. technological advances.

Social workers have traditionally practiced in a variety of settings ranging from social service agencies to day care settings. Roles that social workers have assumed also reflect a wide range such as direct service provider to policy developer. In an effort to better understand personnel preparation in social work as it related to early intervention, an examination of accredited MSW programs across the country was conducted (Nover & Timberlake, 1989). Only 1 program out of the 63 surveyed programs offered a course on infants. The authors of the survey hypothesized that programs may rely on field placements to provide more specialized areas of training, although this remains unclear from the information provided by the respondents.

Preservice undergraduate and graduate programs in social work devote the least amount of mean course hours to interdisciplinary teaming, infant assessment, and intervention than other content areas (Bailey et al., 1990). It was also discovered, as might be expected, that personnel programs in social work, particularly at the graduate level, provide more mean course hours in family assessment and intervention then any other discipline. Besides nursing, social work was the only other discipline to devote substantive content on families. As such, social work training programs may be able to capitalize on this area of strength while at the same time recognize the need for extensive training in other areas vital to early intervention such as infancy and interdisciplinary teaming.

Speech-Language Pathology

As an initial step to meet the personnel challenges set forth in P.L. 99-457, speech-language pathologists have also been reassessing their roles in early intervention. In a report on communication-based early intervention services, the American Speech and Hearing Association (ASHA, 1989) describes the role of the speech-language pathologist in early intervention as one who "has the expertise and primary responsibility for identifying, assessing, evaluating, and treating childhood disorders in the following areas: communications delays and disabilities, and oral-motor disabilities" (p. 32). ASHA suggests that a speech-language pathologist providing early intervention services should also be involved with screening, assessment, evaluation, direct service provision, consultation, and case management.

In an effort to establish and refine training for speech-language pathology personnel working with infants, toddlers and their families, Crais and Leonard (1990), have developed suggestions for preservice and inservice training. These suggestions, which are based on data gathered by the Carolina Institute for Research on Infant Personnel Preparation, reflect the need to stress more infant and family oriented areas of training. The following suggestions represent strategies (rank ordered by importance) for integrating content on infants and families into existing preservice speech-language pathology programs:

1. document the employment need in order to convince administrators, program chairs, and faculty members;
2. document the need for interdisciplinary education;
3. revise university curriculum to include more infant, toddler, and family content within ASHA's new standards;

4. promote university support of educational and clinical experiences for faculty/staff in specialty areas (release time and money);
5. increase recruitment and funding of students/faculty in infant, toddler and family specialties;
6. develop interprofessional clinical practica sites;
7. encourage flexibility within ASHA for varied practice supervision without losing accreditation;
8. encourage professional organizations to advocate for personnel preparation programs to offer specialization;
9. take advantage of other specializations offered on campus;
10. investigate the policies and practices of the seven states that have 0-26 appropriations.

Additional, a number of suggestions highlighted in-service issues related to infants with disabilities and their families:

1. Expansion of in-service education models to include: teleconferences, increased use of videos, multidisciplinary presenters and content, in-depth single disciplinary content, summer institutes with/without practicum, longer and more in-depth workshops, short courses, continuing education and/or interim classes, summer classes, weekly seminars, interdisciplinary models; journal groups, planned follow-up or workshops, can case presentations.
2. Content areas that should be included: assessment; intervention; team functioning; program evaluation; atypical infant and toddler development; case management; augmentative communication; information re: theories and practice of family functioning, interactions, strengths and needs; cultural information; oral-motor precursors; hearing; community resources; case presentations; risk categories; and convincing others of the speech-language pathologist's role;
3. Working out logistics; release time, location, money;
4. Funding and national priorities;
5. Role of the speech-language pathologist and marketing that role;
6. Professional burnout;
7. Surveying the consumer, employer, and participants;

Crais and Leonard (1990) further recommend that research on training (i.e., competencies, skills, knowledge) is essential for determining effectiveness in personnel preparation. It seems that the challenges of providing early intervention services will be met with spirit, competence and creativity.

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APPENDIX I

HIGHER EDUCATION FACULTY TRAINING INSTITUTE

FAMILY SUPPORT/EARLY INTERVENTION
WESTCHESTER INSTITUTE FOR HUMAN DEVELOPMENT
NEW YORK MEDICAL COLLEGE

INSTITUTE CONTRACT

This agreement is to confirm that ______________ will participate in the ____________________________________ and understands that this participation includes the following components:

1) Obtaining support and release time (if necessary) from the college/university to attend the institute.

2) Attendance at a minimum of one meeting with the instructor prior to the start of the institute. The purposes of the meetings are: a) to clarify details of the institute to the participants, and b) to complete necessary forms.

3) Attendance at each of the training sessions. The trainings will be held at New York Medical College on the following:

Session 1: ______________

Session 2: ______________

Session 3: ______________

Session 4: ______________

Session 5: ______________

4) Follow-up by the instructor, ______________, for up to one year after the Institute. Follow-up will include assistance with completion of the tasks or issues related to the institute topic and post institute evaluation.

________ ____
Date Participant

________ ____
Date Instructor

APPENDIX J

HIGHER EDUCATION FACULTY TRAINING INSTITUTE

FAMILY SUPPORT/EARLY INTERVENTION
WESTCHESTER INSTITUTE FOR HUMAN DEVELOPMENT
NEW YORK MEDICAL COLLEGE

PARTICIPANT INFORMATION

Name:____________________ College/University:____________________

Date:____________________ Department:____________________

In what discipline do you teach?

____ Early Childhood Special Education
____ Occupational Therapy
____ Physical Therapy
____ Speech and Language
____ Nursing
____ Psychology
____ Social Work
____ Medicine
____ Nutrition
____ Audiology
____ Other

What is your current degree?

____ BA
____ MS
____ MSW
____ Ph.D.
____ DSW
____ BS
____ M.Ed.
____ Ed.D.
____ RN
____ MD
____ MA
____ 6th year certificate
____ Post Masters
____ C.C.C.-SLP
____ Other ____________________

What area(s) do you teach?

____ human development
____ families
____ hearing impaired
____ speech & language development
____ special needs
____ other
____ policy
____ nutrition
____ developmental delays
____ practica
____ medical issues

What is the area of your Certification/License?

____ Early Childhood Education
____ Physical Therapy
____ Special Education
____ Blind/Visually Impaired
____ Elementary Education
____ Learning Disabilities
____ Counseling
____ Nursing
____ Other
____ Early Childhood Special Education
____ Occupational Therapy
____ Psychology
____ Administration
____ Reading
____ Speech Pathology
____ Social Work
____ Hearing Impaired
____ None

Have you had any formal training focusing on the birth to three population?

____ yes ____ no

How long have you been teaching in higher education? ______________

APPENDIX K

HIGHER EDUCATION FACULTY TRAINING INSTITUTE

FAMILY SUPPORT/EARLY INTERVENTION
WESTCHESTER INSTITUTE FOR HUMAN DEVELOPMENT
NEW YORK MEDICAL COLLEGE

MOTIVATION QUESTIONNAIRE

Name:____________________ College/University: ____________________

Date:____________________ Department:____________________

1. Please rate each of the following reasons for attendance on a scale of 1 to 3 according to its importance in your decision to attend this Institute:

Circle 1 if the statement was not a consideration.

Circle 2 if the statement was somewhat important in your decision to attend.

Circle 3 if the statement was very important in your decision to attend.

In addition, please star the reason or reasons that were primary in your decision to attend (choose from those you rated a 3).

Reason	Not at All Important	Somewhat Important	Very Important
To become better informed about national issues in early intervention.	1	2	3
To become better informed about best practices in early intervention.	1	2	3
To infuse best practice of early intervention into my higher education curriculum.	1	2	3
To better understand principles of early intervention.	1	2	3

Reason	Not at All Important	Somewhat Important	Very Important
To integrate the principles of early intervention into the curriculum.	1	2	3
To meet higher education faculty in other disciplines.	1	2	3
Because my chair recommended it.	1	2	3
Because my chair required it.	1	2	3
Because I expect the information to be useful in my teaching.	1	2	3
To get away from job requirements and get "recharged".	1	2	3
Because my curriculum lacks information on early intervention.	1	2	3
For personal enjoyment and enrichment.	1	2	3
To learn for the sake of learning.	1	2	3
To help get a new job.	1	2	3
To help to advance in present job.	1	2	3
Other (Please specify).			

2. Please rate each of the following issues that may have been problematic in arranging your attendance on a scale of 1 to 3.

Circle 1 if the statement was not a consideration.

Circle 2 if the statement was somewhat problematic.

Circle 3 if the statement was very problematic in arranging your attendance.

Issue	Not at All Problematic	Somewhat Problematic	Very Problematic
Attending twice a week for 2 weeks.	1	2	3
Attending 7-8 hours each session.	1	2	3
Continuing involvement for one year.	1	2	3
Transportation difficulties.	1	2	3
Teaching responsibilities.	1	2	3
Other (please specify).	______		

APPENDIX L

HIGHER EDUCATION FACULTY TRAINING INSTITUTE

FAMILY SUPPORT/EARLY INTERVENTION
WESTCHESTER INSTITUTE FOR HUMAN DEVELOPMENT
NEW YORK MEDICAL COLLEGE

CONSUMER SATISFACTION SHEET

Name:____________________ College/University:____________________

Date:____________________ Department:____________________

Please rate the following statements on a scale of 1 through 5:

1 indicating that you strongly disagree with the statement,
2 indicating that you mildly disagree with the statement,
3 indicating neutral,
4 indicating that you mildly agree with the statement,
5 indicating that you strongly agree with the statement.

		Strongly Disagree		Neutral		Strongly Agree
I. CONTENT						
1.	Objectives of the training were met.	1	2	3	4	5
2.	All topics on the agenda were addressed.	1	2	3	4	5
3.	The materials (e.g., readings, overheads) were relevant to the training content.	1	2	3	4	5
4.	Adequate illustrations, examples and readings were used during presentations.	1	2	3	4	5
5.	Time was well organized.	1	2	3	4	5
6.	The information is relevant and can be applied to my teaching situation.	1	2	3	4	5

		Strongly Disagree		Neutral		Strongly Agree
7.	I feel I now have a better understanding of family-centered early intervention.	1	2	3	4	5
8.	I feel able to infuse my present curriculum with the basic principles of early intervention.	1	2	3	4	5
II.	PRESENTER					
1.	The presenters were well prepared and organized.	1	2	3	4	5
2.	The presenters were knowledgeable in the subject.	1	2	3	4	5
3.	The presenters used a variety of activities that corresponded with the content.	1	2	3	4	5
4.	The presenters were easy to listen to.	1	2	3	4	5
5.	The presenters valued our input.	1	2	3	4	5
III.	LOGISTICS OF PRESENTATION					
1.	I found the environment to be comfortable.	1	2	3	4	5
2.	There was adequate time for breaks during the training sessions.	1	2	3	4	5
3.	The size of the group was appropriate for the sessions.	1	2	3	4	5
4.	The location of the training was convenient for me.	1	2	3	4	5

		Strongly Disagree		Neutral		Strongly Agree
5.	The day and time of the training was convenient for me.	1	2	3	4	5

IV. QUESTIONS

1. What did you find most helpful about the session?

2. What did you find least helpful about the session?

3. What additional information would you like to see included in future Higher Education Faculty Training Institutes?

4. How will you present curriculum change as a result of the Institute?

APPENDIX M

HIGHER EDUCATION FACULTY TRAINING INSTITUTE
FAMILY SUPPORT/EARLY INTERVENTION
WESTCHESTER INSTITUTE FOR HUMAN DEVELOPMENT
NEW YORK MEDICAL COLLEGE

PRE/POST QUESTIONNAIRE

Name: ______________________________ Date:______________________

1. Public Law 99-457 states that:

   a) states are mandated to provide services for handicapped children from birth through five years of age.

   b) states are mandated to provide services for handicapped children from birth to three years of age.

   c) states determine whether services are provided for handicapped children from birth through five years of age.

   d) states are mandated to provide services for handicapped children from three through five years of age, and can determine whether they will provide services for handicapped children from birth to three years of age.

2. Who has been designated as the lead agency in New York for programs serving handicapped children between the ages of birth and three years?

   a) Department of Education

   b) Department of Health

   c) Department of Mental Retardation

   d) Interagency Coordinating Council

3. The intent of P.L. 99-457 Part H is to enhance the physical, cognitive, speech and language, self help, and psychological development of the child to minimize developmental delay and to maximize the potential for growth and development of the child.

   True_______ False_______

4. Philosophically P.L. 99-457 mandates the _________________ as central in developing a service plan for infants and toddlers.

   a) family

   b) interdisciplinary team

   c) individual practitioner

   d) case manager

5. List two (2) principles of "family-centered care".

   ____

   ____

   ____

6. Family empowerment means:

   a) helping families by doing whatever we can

   b) telling families what they can do to take more power in their lives

   c) families making informed choices

   d) families being their own case mangers

7. Every family has individual and collective needs of its members that must be met. Tasks that a family performs in order to meet these needs may be referred to as:

   a) family characteristics/resources

   b) family interactions

   c) family functions

   d) family life cycle

8. Family empowerment means:

   a) helping families by doing whatever we can

   b) telling families what they can do to take more power in their lives

   c) families making informed choices

   d) families being their own case managers

9. Which of the following statements are rationales for collaborative goal setting with families?

   a) Families will cooperate more readily when professional determine goals and then share them.

   b) Relationships, trust, and respect will be improved.

   c) Ownership of goals is an important factor in accomplishing them.

   ____

   1) a,c

   2) b,c

   3) a,b

   4) all of the above

10. According to P.L. 99-457, IFSP's need to reviewed every ____________ months and rewritten every ____________________ months.

11. Goals that address needs prioritized by the family should always be included in the IFSP.

    True_______ False_______

12. What three components are included in an IFSP that are not usually included in an IEP?

____

____

____

13. A primary skill necessary for a team to achieve the change that is identified by a family is:

a) to give family recommendations from professionals

b) to assess the needs of a child

c) to systematically assess relevant family needs

d) to present family with goals for treatment

14. Which of the following are roles of case managers?

a) monitor child's status

b) refer families for services

c) advocate for the family

d) assure that service delivery is effective and efficient

____

1) a,b,d

2) b,d

3) b,c,d

4) all of the above

15. Case management is important because it:

a) helps prevent duplication of services

b) ensures that parents will be empowered

c) helps provide for continuity of services

d) all of the above

e) a and c

16. Four elements of effective transition from hospital to home are:

a) discharge summary

b) community liaison

c) parent-to-parent support

d) continuing care plan

True_______ False_______

17. Of primary importance is for professionals to have an understanding of the cultural meaning that the family gives to their child's disability.

True_______ False_______

18. Watching one's own cultural behavior sensitizes one to cultural behaviors in others.

True_______ False_______

19. One benefit of home-based care for infants and toddlers with a disability is:

a) there is opportunity for participation of all family members in the teaching process

b) learning occurs in the natural environment of the home

c) there is constant access to behavior as it occurs

d) all of the above

20. The following is reported as a developmental outcome for children with disabilities in an integrated program:

a) gains in socialization skills

b) significant developmental gains

c) gains in communication skills

d) all of the above

HIGHER EDUCATION FACULTY TRAINING INSTITUTE

FAMILY SUPPORT/EARLY INTERVENTION
WESTCHESTER INSTITUTE FOR HUMAN DEVELOPMENT
NEW YORK MEDICAL COLLEGE

PRE/POST INSTITUTE QUESTIONNAIRE

Name:____________________ College/University:____________________

Date:____________________ Department:____________________

1. Describe the role of the family in Early Intervention.

2. Describe best practice in Early Intervention.

3. Who is on an Early Intervention team and how should it function?

4. Identify at least 5 major components of P.L. 99-457, Part H.

HIGHER EDUCATION FACULTY TRAINING INSTITUTE

PRE/POST QUESTIONNAIRE

1. When developing IFSP goals, what factors should be considered?

____

____

2. List three (3) purposes of child assessment.

____

____

____

3. List one (1) instrument that could be used for each of the purposes above.

____

____

____

4. How do transdisciplinary team assessments differ from other assessments?

____

____

____

5. Name two (2) major differences in delivery of services for an infant or toddler and pre-schooler.

____

____

____

6. What options exist for the inclusion of children with disabilities for birth to 3 programming?

7. List three (3) developmental interventions NICU nurses can use.

8. Name three (3) family assessment tools.

9. How would you choose which tool to use?

10. List the components of evaluation for a program developed for an infant or toddler with a disability.

11. What indicators are used to determine appropriate integration placement for an infant or toddler with a disability?

____

____

____

Name: ________________________________

HIGHER EDUCATION FACULTY INSTITUTE

PRE/POST QUESTIONNAIRE

1. What is the number of people on an ICC?

2. What is the responsibility of the lead agency as defined by P.L. 99-457?

3. What is the definition of developmentally delayed in New York State?

4. How is P.L. 99-457 going to be financed in New York State?

5. What are three (3) requirements for case managers under P.L. 99-457?

APPENDIX W

HIGHER EDUCATION FACULTY TRAINING INSTITUTE

FAMILY SUPPORT/EARLY INTERVENTION
WESTCHESTER INSTITUTE FOR HUMAN DEVELOPMENT
NEW YORK MEDICAL COLLEGE

PRE/POST QUESTIONNAIRE

Name: ______________________ Date: ____________________

1. According to Turnbull's model, recreation, education, support and finances are all components of:

   a) family function

   b) family life cycle

   c) family characteristics

   d) family interaction

2. Define homeostasis in relation to family systems.

3. The characteristics that enhance team functioning are:

   1. ______________________________________

   2. ______________________________________

   3. ______________________________________

   4. ______________________________________

4. According to NYS interpretation of P.L. 99-457, who must be present at an IFSP?

5. The IFSP must only contain goals and objectives that are quantifiable and measurable.

   __________ True __________ False

6. List three (3) principles of "family-centered care".

____

____

____

7. According to P.L. 99-457, IFSP's need to be reviewed every _______ months and rewritten every _______ months.

8. Goals that address the needs of the family must always be included in the IFSP.

__________ True __________ False

9. What three (3) components are included in an IFSP that are not usually included in an IEP?

____

____

____

10. Name three (3) components to differentiate types of teams that function in early intervention.

____

____

____

HIGHER EDUCATION FACULTY INSTITUTE

FAMILY SUPPORT/EARLY INTERVENTION
WESTCHESTER INSTITUTE FOR HUMAN DEVELOPMENT
NEW YORK MEDICAL COLLEGE

PRE/POST QUESTIONNAIRE

Name: ____________________________ Date: ______________

1. What is the number of people on an ICC? ______________________

2. What is the responsibility of the lead agency as defined by P.L. 99-457?

____

____

____

3. What is the definition of developmentally delayed in New York State?

____

____

____

4. How is P.L. 99-457 going to be financed in New York State?

____

____

____

5. What are (3) requirements for case managers under P.L. 99-457?

____

____

____

HIGHER EDUCATION FACULTY INSTITUTE

FAMILY SUPPORT/EARLY INTERVENTION
WESTCHESTER INSTITUTE FOR HUMAN DEVELOPMENT
NEW YORK MEDICAL COLLEGE

PRE/POST QUESTIONNAIRE

Name: ________________________________ Date: ________________________

1. IEP's and IFSP's have many similar components. Identify three components of the IFSP that are not included in the IEP.

   ____

   ____

   ____

2. According to NYS interpretation of P.L. 99-457, who must be present at an IFSP?

3. The IFSP must contain goals and objectives that are quantifiable and measurable.

   _____ True _____ False

4. According to P.L. 99-457, IFSP's need to be reviewed every _______ months and rewritten every _______ months.

5. Goals that address the needs of the family must always be included in the IFSP.

   _____ True _____ False

HIGHER EDUCATION FACULTY INSTITUTE

FAMILY SUPPORT/EARLY INTERVENTION
WESTCHESTER INSTITUTE FOR HUMAN DEVELOPMENT
NEW YORK MEDICAL COLLEGE

PRE/POST QUESTIONNAIRE

Name: ______________________________ Date: ________________

1. What age population did P.L. 94-142, originally serve?

   a) 0-21
   b) 0-3
   c) 5-21
   d) 3-5

2. List and describe three landmark principles of P.L. 94-142:

   a) ____
   b) ____
   c) ____

3. As discussed in training what are the two parts of P.L. 99-457, and what age children do they serve?

   a) ____
   b) ____

4. Public Law 99-457 state that:

   a) state are mandated to provide services for children with disabilities from birth through five years of age.

   b) states are mandated to provide services for children with disabilities from birth to three years of age.

   c) states determine whether services are provided for children with disabilities from birth through five years of age.

d) states are mandated to provide services for children with disabilities three to five years of age, and can determine whether they will provide services for handicapped children from birth to three years of age.

5. Who has been determined as the lead agency in New York State for programs serving children between the ages of birth and three years with developmental disabilities and delays?

   a) NYS Department of Education
   b) NYS Department of Health
   c) NYS OMRDD
   d) NYS Interagency Coordinating Council

6. According to the proposed New York State EarlyCare Legislation, eligibility for services will be based on the following circumstances (circle all that apply):

   a) children age birth through two who have a developmental delay

   b) children age birth through two who have a diagnosed physical or mental condition with a high probability of resulting in developmental delay

   c) children age birth to two whose behavior is "at risk" due to cultural or language differences

7. In 1990, P.L. 101-476 was passed and was renamed P.L. 94-142. It was originally called the Education for All Handicapped Children Act. It is now called:

   a) ADA - Americans with Disabilities Act
   b) IDEA - Individuals with Disabilities Education Act
   c) The Handicapped Act
   d) None of the above

8. In 1991, P.L. 102-119 amended P.L. 99-457. It authorizes the use of funds for programs which focus on infants and toddlers who are at risk of having substantial developmental delays if early intervention services are not provided.

   _____ True _____ False

HIGHER EDUCATION FACULTY INSTITUTE

FAMILY SUPPORT/EARLY INTERVENTION
WESTCHESTER INSTITUTE FOR HUMAN DEVELOPMENT
NEW YORK MEDICAL COLLEGE

PRE/POST QUESTIONNAIRE

1. Define "assessment".

2. State (3) purposes for assessment

   a)
   b)
   c)

3. Match the key on the left with the correct definition on the right.

a. criterion referenced	________	the use of standard materials, administrative procedures, scoring procedures, and score interpretation to ensure that all children taking the test receive the same experience.
b. standardized	________	a test that indicates a child's ability with respect to specific skills, usually selected because of their importance to daily living.
c. norm-referenced	________	a test given to a large group of children and all children's scores are plotted to develop patterns and abilities.

4. True/False

_____ Arrangement of space affects the way children behave.

5. True/False

_____ Environments do not influence behavior expectations.

6. All curriculum models are based on the assumption that:

7. Curriculum models differ in their teaching and assessment strategies. Name (3) strategies.

____

____

____

8. State the three components to Activity Based Instruction.

____

____

____

APPENDIX N

Date: 9/12/91
People in Attendance: Nancy Balaban - Bank Street College of Education

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Participant will meet with Project Faculty monthly.	Meet with Dr. Lippman	Monthly	Attendance
2. Participant to attend group meeting.	Institute faculty	October 11, 1991	Attendance
3. Participant to add 3 sessions to Annual Infancy Conference June, 1992:	Dr. Lippman to suggest possible presenters	June, 1992	Conference program
a. P.L. 99-457 b. IFSP c. Family-Directed Care			
7. Participant to share with Department faculty information from Institute.	Articles from Institute	November, 1991	Early intervention information to be reflected in course outline (see attached)
8. Participant to share with Chair of Special Education track information from Institute.	Articles, video from Institute	December, 1991	Results of meeting

Date: 10/29/91
People in Attendance: Nancy Balaban - Bank Street College of Education

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Change in course outline for Spring, 1992 semester.	Dr. Lippman Dr. Balaban	December, 1991	New course outline
2. Reschedule faculty meeting to discuss ei material.	Dr. Lippman	January, 1992	New meeting schedule
3. NAEYC conference re: integration	Dr. Lippman Barbara Sherry, Coordinator, Birth-5 Integration Project Family Support/EI	November, 1991	Conference presentation
11/19/91			
1. Development of workshops for June, 1992 re: Annual Infancy Institute.	Dr. Lippman Dr. Bologna	Ongoing	Workshop development
2. Meeting with Dr. Sylvia Ross - Special Education.	Dr. Lippman	December, 1991	Inform faculty college wide about best practice

Date: 1/21/92
People in Attendance: Nancy Balaban - Bank Street College of Education

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. To assess what project can offer faculty at Bank Street.	Dr. Lippman	Date scheduled May 15, 1992	
2. Faculty has identified: P.L. 99-457 IFSP Teams History of Early Intervention	Dr. Lippman	Outline for workshop by May 1, 1992	Preparation of an overview for this workshop
3/21/91			
1. Finalize workshops for Annual Infancy Institute.	Dr. Lippman	June, 1991	Workshop attendance
2. Review a needs assessment for workshops.	Dr. Lippman		To be used at meeting
4/16/92			
1. Finalize faculty meeting scheduled for May 15, 1992. Topics to be covered: P.L. 99-457 IFSP Family-Directed Care Teams	Dr. Lippman	May, 1992	Faculty response
2. Finalize workshops for Annual Conference.	Dr. Lippman	June, 1992	Workshop participation

Date: 10/28/92
People in Attendance: Nancy Balaban - Bank Street College of Education

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Meet with faculty who teach Infant Assessment course to incorporate other instruments than the Bayley.	-Look at play-based assessment material -Review Battelle	By December, 1992	Results of new course

Date: 9/17/91
People in Attendance: Jeanne Charles - New York University

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Participation in EI team at NYU. How to go about including members of different departments.	Anne Freilich - Speech Department at NYU	Next meeting in October	Additional membership
10/28/91			
1. Ways of exploring collaboration between departments.	Work on EI Team	Ongoing	Assess turf issues between departments
2. Assess department needs.	Explore ongoing funding	Ongoing	Program solvent until 8/92 - then soft money dries up
11/18/91			
1. To discuss information about IFSP.	Use of case studies Use of parent as co-teacher	For Spring semester	Student evaluations
1/3/92			
1. Update on work of EIG committee.	Dr. Lippman, committee members	Submission for grant January 5, 1993	Funding of grant
2. Advise of next committee meeting 2/22/93.			

Date: 1/13/92
People in Attendance: Jeanne Charles - New York University

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Discuss course outline for Spring, 1992 Clinical Practice in PT Seminar II.	Dr. Lippman	Ongoing	
2. Discuss ways to implement IFSP section.	Dr. Lippman	Assess by 3/10/92	Review IFSP forms Review student papers
3. Involvement of parents in class.	Dr. Lippman Barbara Levitz	April meeting	Review student evaluation of course
4. Discuss with Dr. Lefevbre, Recreation and Leisure Studies content of lecture for class on 2/9/92.	Dr. Lippman	February 9, 1992	Review student evaluation of guest lecture
2/16/92			
1. Difficulties for students in understanding IFSP process.	Dr. Lippman Dr. Lefebvre	Ongoing	Student evaluation
3/1/92			
1. Review student input on IFSP section of course.	Dr. Lippman	Ongoing	Students had difficulty with a more process focused IFSP that involved parents input.
2. Follow-up on parent participation in last session.	Dr. Lippman Barbara Levitz	By last class, May 5, 1992	Parents to focus on their needs in process of determining services for their child.

Date: 4/16/92
People in Attendance: Jeanne Charles - New York University

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Review a year of follow-up. 2. Plans for May 5, 1992 class for parent panel.	Dr. Lippman Parents	May 5, 1992	Student evaluation

Date: 9/12/91
People in Attendance: Sunny Goldberg - Manhattanville College

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Participant in monthly meetings with Institute faculty representative.	Sunny Goldgerg Dr. Bologna scheduled appointments	September 12, 1991 October 24, 1991	Attendance and meeting minutes
2. Participate in scheduled meetings for Institute faculty and participants.	Institute faculty and participants Scheduled appointments	October 11, 1991	Attendance and meeting minutes
3. Infuse EI issues into Teacher Talk, Fall, 1991 course offering.	Sunny Goldberg Dr. Bologna	Fall, 1991	Teacher Talk course outline attached
4. Investigating the possibility of developing a diploma program in EI.	Sunny Goldberg Janet Simon, Chair Dr. Bologna	October, 1991	Minutes from meeting with Provost
10/24/91			
1. Meet with Janet Simon, Chair of Teacher Education to review brochure, agenda, time frames, costs.	Janet Simon Dr. Bologna Brochures Proposed agenda for summer workshop	March 5, 1992	Set dates for workshop: 7/13 - 7/17/92 Sunny Goldberg and Dr. Bologna will be the faculty Brochure recommendations Agenda in process

Date: 11/19/91
People in Attendance: Sunny Goldberg - Manhattanville College

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Review syllabus for Spring, 1992 course: "The Young Child with Special Needs".	Syllabus attached Sunny Goldberg Dr. Bologna	Implemented Spring, 1992	Student progress
2. Develop agendas for summer workshop on curriculum in ECE for all children.	Sunny Goldberg Dr. Bologna Agenda	January 9, 1992	Agenda to be presented to Janet Simon, Chair of Teacher Education at Manhattanville 1/22/92
12/16/91			
1. Discuss feasibility of summer workshop in ECE curriculum for all children: -community interest -cost -timing -agenda	Sunny Goldberg Janet Simon, Chair of Teacher Education Dr. Bologna	January 22, 1992	Proposal accepted
1/22/92			
1. Develop brochure for summer workshop.	Sunny Goldberg Dr. Bologna Information re: proposed summer workshop	February 28, 1992	Draft completed To be shared with Janet Simon on March 5, 1992

Date: 2/28/92
People in Attendance: Sunny Goldberg - Manhattanville College

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Re-do brochure.	Brochure draft Recommendations from Janet Simon	March 12, 1992	Brochure ready to be formatted for printing
2. Finalize agenda for summer workshop.	Possible texts: -Activity-Based Instruction -DAP from NAEYC	March 12, 1992	Sunny Goldberg will order texts
	Folder/binder be prepared for the participants	July 13, 1992	In process
4/1/92			
1. Evaluate the implementation of the syllabus for the course in progress and to update summer course.	Dr. Bologna - Institute faculty	Summer, 1992	Course enrollment

Date: 9/26/91
People in Attendance: Prof. Andrea Krauss - Tuoro College

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Participant to meet monthly with project faculty.	Meet with Dr. Lippman	September 26, 1991	Attendance
2. Participant to attend group meeting.	Institute faculty	October 11, 1991	Attendance
3. Participant to include information: P.L. 99-457, Part H Family-Centered Care Case Management Family Assessment in her Pediatrics class	Resources from Institute Meetings with Dr. Lippman	Fall, 1991 semester	See new course outline attached
4. Participant to explore with her Chair on EI track in the specialty seminar for MA students.	Meeting with Dr. Lippman to plan proposal	Fall, 1991 semester	Inclusion in 1992-93 course offerings
5. Participant to explore possibility of grant for MA program in EI.	Consultation from Dr. Lippman	by March 16, 1992	Grant proposal
10/8/91			
1. Revision of Pediatrics course to reflect P.L. 99-457 teams, family assessment and IFSP: Use of readings: videos overheads from Institute	Prof. Krauss and Dr. Lippman	Spring, 1992 semester	New course outline

Date: 11/11/91
People in Attendance: Prof. Andrea Krauss - Tuoro College

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Exploration of Tuoro College becoming an evaluation site.	Dean of College	Spring, 1992	Possibility of College support
2. Meeting with legislators.	Legislators who support programs for children	Ongoing	Prof. Krauss to follow
2/27/92			
1. Review of Pediatric Seminar course to include: IFSP Case Management	Dr. Lippman	Spring, 1992	New course outline
3/10/92			
1. Beginning development of post MA program in EI.	Dr. Lippman Dr. Bologna	Ongoing - final outline by July, 1992	Assess coursework and practicum experiences for program
4/1/92			
1. Exploration re: Tuoro becoming an evaluation, training and research site in ei.	Frank Zollo - NYS Department of Health Jim Hamilton - OSERS	Ongoing	Success of proposed evaluation site

Date: 8/8/92
People in Attendance: Helen Lerner - Lehman College, Graduate

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Add EI to list of topics for Clinical Lab Seminar.	List of topics	Fall, 1991 semester	At least 3 students will include EI in their presentations
2. Investigate possibility of including teams process into health class.	Faculty assigned to teach class	Fall, 1991 semester	Helen Lerner may teach one section
3. Learn about Heidi Als work.	Articles provided by Dr. Bologna	September, 1991	Dr. Lerner will include this material into her assessment course
4. Introduce EI to Nursing faculty.	Faculty meetings	September, 1991	Explore faculty interest

Date: 9/26/91
People in Attendance: Helen Lerner - Lehman College, Graduate

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Participate in monthly meetings with Institute Faculty representative.	Helen Lerner Dr. Bologna scheduled appointments	August 8, 1991 September 26, 1991	Attendance and meeting minutes
2. Participate in scheduled meetings of Institute participants.	List of Institute participants and faculty	October 11, 1991	Attendance and meeting minutes
3. Investigate the possibility of infusing information on the interdisciplinary team process into existing course, Health Issues.	Helen Lerner Faculty assigned to teach this course Syllabus for Health Issues	October 15, 1991	New course outline for Health Issues
4. To familiarize self with H. Als work.	Helen Lerner H. Als bibliography and articles (cf Dr. Bologna)	December 15, 1991	Article review
5. Investigate faculty awareness of and interest in ei issues.	Helen Lerner Lehman faculty, nursing Faculty meetings	September and October, 1991	Minutes of faculty meeting September and October, 1991

Date: 10/23/91
People in Attendance: Helen Lerner - Lehman College, Graduate

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Review of panel discussion by 4 parents with children with disabilities.	Dr. Lerner, facilitator		Feedback very positive from 65 participants
2. Review students reactions to above panel.	Dr. Bologna	Ongoing	Importance was stressed by students of talking with parents outside of hospital setting
4/8/92			
1. Review year of follow-up with Dr. Bologna	Dr. Bologna Colleagues at CUNY	1992-93 academic year	Dr. Lerner to take sabbatical to work with NIH on a project targeted at meeting needs of infants and toddlers living on reservations
11/8/92			
1. Discuss Helen's role on the CUNY committee examining professional training in EI.	Helen Lerner Dr. Bologna Information re: CUNY committee	March 11, 1992	Helen attended one meeting thus far. She is the only nurse representative. Goals of the committee still unclear

Date: 9/20/91
People in Attendance: Joan Shapiro - Marymount Manhattan College

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Participant to meet monthly with project faculty.	Dr. Lippman	September 20, 1991 October 28, 1991	Attend meetings
2. Participant to attend group meeting.	Project faculty	October 11, 1991	Attendance
3. Participant to prepare for meeting with President of College and Dean to explore:	Participant	By September 30, 1991	-Read materials from Institute -Review NY Medical College Student Handbook for MA in Developmental Disabilities
18 credit under-graduate minor vs. 36 credit MA in EI	Dr. Lippman to send Student Handbook to Joan Shapiro		
4. Participant to explore funding sources.	Participant to meet with Grant Director at Marymount	1991-92 academic year	Grant proposal for MA degree

Date: 2/17/92
People in Attendance: Joan Shapiro - Marymount Manhattan College

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Review questionnaire to be sent to ei programs in NYC.	Dr. Lippman	Next meeting March 9, 1992 for final review	Prepare to mail by March 30, 1992
3/9/92 1. Final review of questionnaire.	Dr. Lippman	Mail March 30, 1992	Meet April 21, 1992
2. Discuss content and sequencing of courses to be offered in certificate program.	Dr. Lippman	Outline of course for meeting on April 21, 1992	
3/14/92 1. Report of meeting with the President of College. 2. Proposed sequence: Law/Background Infant Development Speech Development Infant Assessment Family-Directed Care Program Implementation Practica	Institute Faculty Other participants	Review for Fall, 1992	Program implementation

Date: 11/19/91
People in Attendance: Joan Shapiro, Chaye Warburg, Carol Lippman

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Devise an advanced M.A. program for OT Department.	Chaye Warburg	May, 1992	-What course would be applicable?
2. Addition to course outline.			-School track vs. early intervention track or give choice?
3. Arrange meeting with Joan Shapiro of Marymount re: collaboration on use of Marymount site clinic use.	Carol Lippman	November 20, 1991	-Develop clinic site
4. MA vs. certificate program.	Joan Shapiro	September, 1992 semester	Need to President of College
5. Decision to develop certificate program.	Joan Shapiro	December, 1991	
6. Begin needs assessment.			
7. List of names.	Carol Lippman	November 20, 1991	Need support of small group

Date: 12/2/91
People in Attendance: Joan Shapiro, Chaye Lamm Warburg, Carol Lippman

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Possibility of collaboration between Columbia OT & Marymount clinic for practicum site for OT in early intervention.	Chaye Warburg	February, 1992	letter from Columbia University to Marymount stating needs
2. Development of early intervention component in proposed OT program at Marymount.	Joan Shapiro	February, 1992	to talk with Asst. Dean re: status of proposed baccalaureate program in OT
3. Need for multidisciplinary site for OT.			
4. Need to observe "normal" children.			
5. Diagnostic component for OT training and service.			

Date: 8/12/91
People in Attendance: Chaye Lamm Warburg - Columbia University

	OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1.	Meet with Institute staff monthly.	Meet with Dr. Lippman	Monthly	Ongoing consultation
2.	Infuse materials re: EI into course in OT and Pediatrics.	Add materials to list	Spring, 1991	Chaye Warburg will add materials and lecture to course
3.	Add 1 session (3 hrs.) to Advanced Theories of Pediatric Intervention on family-centered care.	Add materials, lectures	Fall, 1991	Chaye Warburg will arrange for Jim Hinojosa from NYU to give lecture on family-centered care (see attached)
4.	Meet with Nursing Department faculty who teaches Human Growth and Development to add EI to course outlines.	Meet with faculty member	Fall, 1992	Report of meeting
5.	Student research-integrated vs. non-integrated settings for single case study.	Dr. Lippman to investigate areas of literature, measures used to compare 2 settings	Fall, 1991	Dr. Lippman to send bibliography with current research; Chaye Warburg to attend meeting
6.	Participate in group meetings at MRI.		October 11, 1991	Attendance

Date: 2/17/92
People in Attendance: Chaye Lamm Warburg - Columbia University

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Work on development of Post MA course with a sequence in early intervention.	Dr. Lippman	Ongoing	Input from Chair of Department
3/12/92			
1. Review of proposed courses in Post MA sequence.	Dr. Lippman	Ongoing	Input from Department Chair and PT Department
2. Explore what courses can be taught for both ei and school based intervention, i.w., law; families, teams and which ones will focus on early intervention: P.L. 99-457 assessment.	Dr. Lippman	By July, 1992	Input from Chair
5/11/91			
1. Review of year of follow-up activities.	Dr. Lippman Other Institute participants	Ongoing use of materials into course content	Student feedback

Date: 9/17/91
People in Attendance: Anne Freilich - NYU

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Participant to meet monthly with project faculty.	Meet with Dr. Lippman	September 18, 1991 October 21, 1991	Attendance
2. Participant to attend group meeting.	Institute faculty	October 11, 1991	Attendance
3. Participant to join Transdisciplinary Curriculum Committee at NYU.	Jeanne Charles Institute participant	October, 1991	Participant to become member of team
4. Participant to explore 4 course certificate with her Department Chair.	Dr. Lippman Articles from Institute	October, 1991	Certificate program to be offered Fall, 1992 - program outline
5. Participant to work on developing a Transdisciplinary Practicum with Jeanne Charles - Department of Physical Therapy at NYU.	Dr. Lippman	Ongoing	Develop practicum sites for Fall, 1992
10/28/91			
1. Explore 6th year certificate.	Chair of Speech Department	December, 1991	Offer a program for advanced speech pathologists
2. Membership in Early Intervention Team.	Jeanne Charles	October meeting	Make EI Team more transdisciplinary

Date: 11/10/91
People in Attendance: Anne Freilich - NYU

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Work on developing 6th year Certificate Program for Speech Pathologists.	Dr. Klein - Chair	September, 1992	Begin proposal writing
1/13/92			
1. Assess practicality of writing a grant.	Dr. Lippman Discuss with Department Chair	By March 30, 1992	
2. Ongoing participation with NYU transdisciplinary team.	Higher Education Institute II	January - February, 1992	Develop ongoing follow-up goals
3/23/92			
1. Follow-up re: decision on grant writing.	Dr. Lippman Department Chair		Decision to focus on clinic and teaching - grant writing not to happen
2. Integration of EI materials into courses that Anne will teach Summer, Fall, 1992.	Dr. Lippman Dr. Bologna	June 15, 1992 for Summer outline	Inclusion of: IFSP role of parents into coursework
5/5/92			
1. Review of case material for Summer, 1992 course on IFSP.	Dr. Lippman Prof. Charles Parent Participants	Summer, 1992	Student feedback

Date: 1/13/92
People in Attendance: Anne Freilich - NYU

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Assess practicality of writing a grant.	Dr. Lippman Discuss with Department Chair	By March 30, 1992	
2. Ongoing participation with NYU transdisciplinary team.	Higher Education Institute II	January - February, 1992	Develop ongoing follow-up goals
3/23/92			
1. Follow-up re: decision on grant writing.	Dr. Lippman Department Chair		Decision to focus on clinic and teaching - grant writing not to happen
2. Integration of EI materials into courses that Anne will teach Summer, Fall, 1992.	Dr. Lippman Dr. Bologna	June 15, 1992 for Summer outline	Inclusion of: IFSP role of parents into coursework
5/5/92			
1. Review of case material for Summer, 1992 course on IFSP.	Dr. Lippman Prof. Charles Parent Participants	Summer, 1992	Student feedback

Date: 9/12/91
People in Attendance: Lorraine Siegel - Fordham School of Social Service

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Participate in monthly meetings with Institute Faculty representative.	Lorraine Siegel Dr. Bologna Scheduled appointments	September 12, 1991 October 15, 1991	Attendance Meeting minutes
2. Participate in meetings of Institute participants.	Institute faculty and participants; scheduled meetings	October 11, 1991	Attendance Meeting minutes
3. Investigation of the possibility to infuse ei data into at least one of the following courses: SW Practice Behavioral Science Integration Seminar	Lorraine Siegel Dr. Bologna	October meeting: SW Faculty Committee on Curricula Syllabi	Meeting minutes
4. Propose new course that would focus on ei.	Subcommittee, development of electives in curriculum	September 20, 1991	Meeting minutes, sub-committee on the development of electives

Date: 10/11/91
People in Attendance: Lorraine Siegel - Fordham School of Social Science

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Monthly meetings.	Dr. Bologna L.K.	October 15, 1991	Attendance
2. Faculty Institute follow-up meetings.		October 11, 1991	Attendance
3. Early Intervention information will be infused into SW Practice and/or Behavioral Science or Integrative Seminar.	Martha Bial		
4. Propose new course in EI.	Sub-committee of the Clinical Area Committee working on electives. Networking September 20		
1/21/92			
1. Discuss agenda for presentation on Common Day for Social Work students and faculty.	Dr. Lippman Dr. Bologna Martha Bial, Fieldwork Coordinator Lorraine Siegel Beth Grupe, Dean	January 21, 1992	Dr. Lippman and Dr. Bologna will plan presentation with parents on the topic of family driven practice

Date: 2/27/92
People in Attendance: Lorraine Siegel - Fordham School of Social Service

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Provide information to approximately 200 Social Work students and field advisors re family driven practice in early intervention and in the general practice of Social Work.	Students - FSS Faculty - FSS Presenters: Dr. Lippman Dr. Bologna Barbara Levitz Linda Caruso Handouts Overheads	February 24, 1992	Student and faculty attendance Feedback
3/23/92			
1. Review response to February 27 presentation.	Student and faculty reaction	March 23, 1992	Students and faculty described information as valuable and viable
2. Review otuline for Chapter in text focusing on collaboration between education and mental health in early intervention.	Outline attached	Article to be completed	Completed article submitted to Lorraine and the MHA of Westchester
4/27/92			
1. Review of follow-up activities for year post Institute.	Dr. Bologna	Ongoing workshop for foster care and child care workers	Feedback

Date: 10/7/91
People in Attendance: NYU Early Intervention Group

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
Present: Dr. Fleisher Dr. Griffin Dr. Hinojosa Dr. Lefevbre Dr. Millsom Dr. Shigaki Prof. Charles Dr. Klein			
To review Institute content and participant commitment after Institute.	Prof. Charles explained experience with Institute I	January, 1992	Consumer Satisfaction Scale Post Institute
11/4/91 1. Exploration of goals of Early Intervention Group.	Dr. Lippman Faculty	Ongoing	Commitment to Institute participation
3/30/92 1. Follow-up project to be the development of an Interdisciplinary Specialty consisting f 10-12 credits in EI.	Each department at SEHNAP existing courses Dr. Lippman	1993 academic year	Meeting with Dean Department Chairs

Date: 9/9/92
People in Attendance: NYU Early Intervention Group

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
Present: Dr. Shigaki Dr. Millsom Dr. Hinojosa Dr. Fleisher Dr. Griffin Steve Buchari - RUSK Institute Jane Herzog - Spec. Ed.			
1. Discussion to expand group to other NYU faculty.	Dr. Lippman Faculty	Ongoing	
2. Formulate work groups.			

Date: 10/7/92
People in Attendance: NYU Early Intervention Group

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
Present: Dr. Shigaki Dr. Millsom Dr. Hinojosa Dr. Fleisher Dr. Griffin Steve Buchari - RUSK Institute Jane Herzog - Spec. Ed.			
1. Discuss plans for this year re: Interdisciplinary Masters.			
2. Next meeting October 22 plan agenda for meeting with the Dean.	Joanne Griffin to explore informally what Dean wants	Meeting date set by October 22	Results of meeting with Dean re: seed money, course cross referencing
3. Explore funding sources.	Jim Hinojosa to meet with Office of Sponsored Research	By October 22	Grant applications University Challenge grant for seed money

Date: 10/22/92
People in Attendance: NYU Early Intervention Group

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
Present: Dr. Shigaki Dr. Fleisher Dr. Oster Dr. Griffin Dr. Hinojosa Steve Buchari			
1. Finalize agenda for meeting with Dean.	Dr. Lippman Faculty	November 12, 1992	Dean's support
2. Discuss philosophy.			

Date: 11/12/92
People in Attendance: NYU Early Intervention Group

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
Present: Dr. Shigaki Dr. Fleisher Dr. Oster Dr. Hinojosa Dr. Griffin Dr. Klein Prof. Charles Steve Buchari Dean Ross			
1. Overview of EIG.	Drs. Shigaki and Lippman	Ongoing	NYU's support for Post-Masters Program
2. Goals and objectives of EIG.			

Date: 11/24/92
People in Attendance: NYU Early Intervention Group

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
Present: Dr. Shigaki Steve Buchari Dr. Fleisher Dr. Lippman Dr. Griffin Prof. Charles			
1. Development of Task Groups for EI Program.			
a. Child Development	Lisa Fleisher - Coord.	To meet to begin exploration of full course development	EIG group to review by next meeting 2/22/93
b. Family Systems	Joanne Griffin - Coord.	To meet to begin exploration of full course development	EIG group to review by next meeting 2/22/93
c. Interdisciplinary Interventions	Claudette Lefevbre - Coord. Remaining EIG members to contact Coordinators by December 4, 1992	To meet to begin exploration of full course development	EIG group to review by next meeting 2/22/93

Date: 4/20/92
People in Attendance: NYU Early Intervention Group

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Continued discussion about how the Post Master's Program would look	Dr. Lippman Faculty		
Child Development 3 credits Assessment 3 credits Interdisciplinary Intervention 3-6 credits Systems/Family 3 credits		Group to review courses already on NYU's books to see if any are appropriate	Assignments for Fall

Date: 2/22/93
People in Attendance: NYU Early Intervention Group

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
Present: Steve Buchari Dr. Fleisher Dr. Millsom Dr. Shigaki			
1. Re review tasks of three tasks force groups.	EIG	By next meeting March 29, 1993	
2. To discuss course materials for the Special Needs Child.	See attached		
3. Task group format:			
Child Development	Lisa Fleisher - Convener	Each group to meet before March 29, 1993	
Family Systems	Joanne Griffin - Convener		
Interdisciplinary Intervention	Jim Hinojosa - Convener		

Date: 3/29/93
People in Attendance: NYU Early Intervention Group

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
Present: Dr. Shigaki Prof. Charles Dr. Hinojosa Dr. Griffin Dr. Millsom Prof. Lothian			
1. Review follow-up activities since Institute.	Group members	April 12, 1993	Group members
2. Discuss barriers to program implementation.	Dr. Lippman		
3. Plan next meeting April 12, 1993.			

Date: 4/12/93
People in Attendance: NYU Early Intervention Group

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
Present: Dr. Shigaki Dr. Millsom Dr. Hinojosa Dr. Griffin			
1. Report of conveners about progress in their small groups.	Faculty		
2. Discussion of where to put parent development as a topic.		Fall, 1993	

Date: 10/5/92
People in Attendance: St. John's Speech and Language Pathology and Audiology Department

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
Present: Donna Geffner Audrey Hoffing Jay Lucker Tina Jupiter Arlene Wisan Nancy McGarr			
Dr. Geffner requested review of proposal from her Department Psychology and Special Education for a Post Masters program to fund 15 minority students.	Dr. Lippman to read proposal and react	November, 1992	Seek support of Dean
Department members to assist.			

Date: 10/5/92
People in Attendance: Dr. Jay Lucker, Audiology - St. John's University

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
Assistance with course in Communication Disorders (course currently is divided into early childhood 3 to 5; childhood and adulthood).			
Dr. Lucker to add 4 sessions on early intervention: P.L. 99-457 Family-Directed Care Teams IEP/IFSP	Dr. Lippman to assist with materials, readings Dr. Lippman to review course outline	Spring, 1993	Student and faculty evaluation

Date: 10/5/92
People in Attendance: Dr. Donna Geffner - St. John's University

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Dr. Geffner still wanting to write a grant - having difficulty getting help from Research Office at University.	Suggested she call Washington to be put on list for Federal Register	Ongoing	
10/19/92 1. Review proposal to develop a new sequence at St. John's across disciplines. 2. Involve faculty from education psychology.	Dr. Lippman Office of Research at St. John's	December, 1992	Possibility of grant proposal

Date: 10/1/92
People in Attendance: Prof. Margaret Kaplan - SUNY Brooklyn, Health Sciences

OBJECTIVE	RESOURCES	TIMELINE	EVALUATION
1. Work with members of OT and PT faculty to re-write a preservice training grant in EI for a 3-month stipend for post-BA students-lost funding in 1992 faculty to re-work.	Assistance from Dr. Lippman Use materials from Institute	December, 1992	See if project is funded
2. Revise course outline:			
PEDIATRIC THEORY AND PRACTICE III Senior level course: -add info re: P.L. 99-457 -increase section on developmental evaluation	-Assistance from Dr. Lippman -Eliminate 1-2 lectures to add this material	Spring, 1993	Course outline Student feedback
GROWTH AND DEVELOPMENT FOR OT AND PT Junior level course: -add legal issues team development; explore making this course one full semester (Prof.K. has only 1/2 semester)	-Use of team tape made by EI staff at NY Medical College -Review by next meeting	Spring, 1993	Course outline Student feedback

Date: 10/30/92
People in Attendance: Prof. Margaret Kaplan - SUNY Brooklyn, Health Sciences

1. Participation in large group meeting. 2. Use of material re: New York State legislation for course syllabus.	Dr. Carol Lippman Dr. Donna Noyes - New York State Department of Health	Ongoing	Course outline

Date: 2/1/92
People in Attendance: Prof. Margaret Kaplan - SUNY Brooklyn, Health Sciences

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Input on revised course outline for Human Growth and Development.	Materials from Institute New text - Hanson, A Typical Infant Development	February, 1993	Students response
2. Input for course on Practice in Pediatrics.	Materials from Institute	Ongoing	Students papers
3. Doctoral Studies.	Received NYU grant to support doctoral studies on mothers and infants with HIV Materials from Institute	Spring, 1993 semester	Doctoral committee

Date: 10/1/92
People in Attendance: Dr. Laila Sedhom - SUNY Brooklyn

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Revise course outline PERINATOLOGY AND THE HIGH-RISK MOTHER			
a. focus on legislation history b. family-directed care c. IFSP development	Dr. Lippman to assist with a comprehensive bibliography re: legislation on services for children -how legislation impacts high risk population	October 15, 1992 This course is Fall, 1992	Student evaluation
NURSING PROCESS WITH MOTHER AND FAMILY			
a. culture and culturally competent care b. case coordination c. family-directed care d. teams	This course uses case material; Dr. Lippman to help with some cases Dr. Sedhom to use lecture as well as case material.	Spring, 1993	Student evaluation
10/29/92			
1. Review material on historical perspective of legislation for inclusion in Spring course.	Review articles on history of legislation leading up to the passage of P.L. 94-142	November, 1992	Course outline

Date: 2/1/93
People in Attendance: Dr. Laila Sedhom - SUNY Brooklyn

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Revise course outline Nursing Process for High-Risk Mothers and Toddlers.	Dr. Lippman Materials from Institute	Ongoing	Department Chair Students
2. To increase videos in library on ei.	Dr. Lippman to send names of new videos with addresses	Ongoing	Students response
3. Develop a flow chart for services from determination of eligibility to IFSP and then to transition.	Dr. Lippman	Spring, 1993 semester	Dr. Lippman and Dr. Sedhom to work on this with input from NYS Health Department representatives

Date: 9/2/92
People in Attendance: Dr. William Merriman - Manhattan College

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Overview of goals for year of follow-up.	Dr. Lippman	To discuss in October, 1992 meeting	Products e.g., course outline, practicum sites, grant proposal
2. Focus on OSERS grant due on October 19, 1992.	Dr. Lippman to write a letter of support	By September 15, 1992	
	Dr. Lippman to provide information from CSPD to be used in grant: Data on number of infants and toddlers with disabilities utilizing early interveniton services, personnel preparation needs	By September 15, 1992	
3. If grant is funded, need for: help in preparation of course outlines formation of Advisory Board.	Dr. Lippman to continue to follow-up	Ongoing	See if grant in funded
4/5/93			
1. Dr. Merriman received grant (OSERS) to train students in adaptive physical education (0-5).			
2. Dr. Merriman will be forming an Advisory Board and needs suggestions for members.	Dr. Lippman	September, 1993	Grant renewal

Date: 4/5/93
People in Attendance: Dr. William Merriman - Manhattan College

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Dr. Merriman received grant (OSERS) to train students in adaptive physical education (0-5).			
2. Dr. Merriman will be forming an Advisory Board and needs suggestions for members.	Dr. Lippman	September, 1993	Grant renewal

Date: 12/2/92
People in Attendance: Dr. Deborah Kramer - College of Mount Saint Vincent

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Review course content on Maternal and Child Health course for Spring, 1993 semester.	Dr. Lippman	Spring, 1993	Evaluate results of community project for students in early intervention

Date: 10/6/92
People in Attendance: Dr. Elizabeth Erwin - Adelphi University

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Integrate ei material into coursework.	Dr. Lippman	Spring semester	New course outline
2. Change name of Infant Stimulation course.		Spring semester	New name
3. Develop a collaborative relationship with members of Nursing & Speech/Language Pathology to explore interdisciplinary course.	Other Institute members	Ongoing	New interdisciplinary course
1/25/93			
1. Begin development of transdisciplinary program.	Dr. Lippman Other faculty	First meeting scheduled February 15, 1993	Faculty cooperation
2. Make courses in Early Childhood more sensitive to ei issues.	Dr. Lippman	Ongoing	New course outline

Date: 2/15/93
People in Attendance: Adelphi University Faculty

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
Present: Dr. Erwin Dr. Spivak Dr. Meyers Dr. Sand - Chair, Dept. of Speech Dr. Hollander - Chair, Department of Ed Bonnie Soman - Director Speech Clinic Prof. Zawicki - Speech			
1. Discussion of 6th year program across disciplines.	Dr. Lippman	Ongoing	Determine if Provost and President of University would be receptive

Date: 2/15/93
People in Attendance: Adelphi University Faculty

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
Present: Dr. Erwin Dr. Spivak Dr. Meyers Dr. Sand - Chair, Dept. of Speech Dr. Hollander - Chair, Dept. of Ed Bonnie Soman - Director Speech Clinic Prof. Zawicki - Speech			
1. Discussion of 6th year program across disciplines.	Dr. Lippman	Ongoing	Determine if Provost and President of University would be receptive

Date: 3/8/93
People in Attendance: Adelphi University Faculty

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
Present: Dr. Erwin Dr. Spivak Prof. Soman			
1. 18 credit post MA program proposed:	Dr. Lippman Other faculty	To begin 1994-94 academic year	Course acceptance by Curriculum Committee
Families 3 credits Team 3 credits EI 3 credits Infant Dev. 3 credits Electives 6 credits Field component			

Date: 10/6/92
People in Attendance: Dr. Jacqueline Hott - Adelphi University

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Planning for conference for parents, health care professionals and students. Focus will be: P.L. 99-457 Service Delivery IFSP	Dr. Lippman Other Nursing faculty	Conference scheduled for 12/2/92	Enrollment and feedback of participants
11/24/92 Present: Dr. Hott Dr. Lippman Dr. Bologna Margaret Sampson 1. Planing meeting for December 2, 1992 conference.		December 2, 1992	Feedback from participants
12/1/92 1. To finalize plans for December 2 conference.	Dr. Lippman	December 2	50 participants registered
3/9/93 1. Review videos re: family directed care for purchase by Nursing Dept.	Dr. Lippman	Ongoing	Input from other faculty, students re: preferences Hear to Heart, Family-Centered Care to be purchased

Date: 10/6/92
People in Attendance: Dr. Florence Myers - Adelphi University

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. To discuss Dr. Myers' role in December 2, 1992 community meeting.	Dr. Lippman Other faculty	December 2, 1992	Participant enrollment and feedback
1/25/93			
1. Review of courses regarding ei material.	Dr. Lippman	Spring/fall	Student and faculty evaluation
2. Review of videos.	Dr. Lippman	Spring/fall	Student evaluation
3. Parent teaching.	Dr. Lippman	Spring/fall	Student evaluation

Date: 10/6/92
People in Attendance: Dr. Dorothy Ramsey - Adelphi University

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Review role in December 2, 1992 meeting.	Dr. Lippman Faculty	December 2, 1992	Participant feedback
2. Use of materials in courses.	Dr. Lippman	Ongoing	Student and faculty feedback

Date: 10/6/92
People in Attendance: Prof. Soman - Adelphi University

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. Exploration of Hy Weinberg Center as a practicum site for students.	Dr. Lippman	Ongoing	Student evaluation

Date: 10/6/92
People in Attendance: Dr. Spivak - Adelphi University

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. How to make work at Hy Weinberg Center more family directed.	Dr. Lippman	Ongoing	Objective met
2. Explore role of parents in NICU at Wintrhop University Hospital.	Staff of Project Talk with Me	Ongoing	Objective met
1/25/93 Present: Dr. Sands - Chair, Speech Department Dr. Erwin - Ed Department			
1. Identify needs of students from Speech and Ed who can use Hy Weinberg Center as practicum site.	Dr. Lippman	Ongoing	Student feedback

Date: 2/12/93
People in Attendance: Dr. Craig Heller - Medgar Evers College

OBJECTIVE	RESOURCE	TIMELINE	EVALUATION
1. To discuss a staff training that he wants to do to introduce faculty to best practice in early intervention.	-Institute Manual -Curriculum from Higher Education Faculty Manual -Institute articles	March 1993	Response of Education faculty to content
2. Focus on P.L. 99-457.	Legislation List of 14 minimum components	Ongoing	

APPENDIX O

INSTITUTE I

DR. NANCY BALABAN

DIRECTOR, INFANT AND PARENT DEVELOPMENT PROGRAM

BANK STREET COLLEGE OF EDUCATION

Dr. Balaban directs the Infant and Parent Development Program at Bank Street College of Education. This program grants a Masters degree in Infant and Parent Development. Most students also fulfill the New York State requirements for state certification in Special Education (K-12). In order to do this the students must take an additional 21 credits in special education. Bank Street and Hunter College School of Social Work also offer a joint Masters degree in social work and infant and parent development.

Background

Dr. Balaban has her Ed.D. in Early Childhood from New York University. She is certified in Early Childhood Education. She has been on the Bank Street faculty for 20 years. Prior to that she was a nursery school teacher in Westchester County. Dr. Balaban directs the Infancy Program, teaches a course in Educating Infants and Toddlers, Part I and II, supervises students in practicum, is an advisor to students in the program and is a consultant to the Family Center at Bank Street.

Motivation

Dr. Balaban was recruited for the first Higher Education Faculty Institute by Dr. Carol Lippman, Project Coordinator of the Higher Education Faculty Institute. In 1978 Dr. Lippman received a Masters degree from Bank Street in the Infancy Program and Dr. Balaban was her advisor.

Dr. Balaban's primary reason for participating in the Institute was to become better informed about national issues in early intervention in order to infuse best practice of early intervention into the curriculum of the infancy program.

While the courses for the Masters degree in Infant and Parent Development are quite comprehensive regarding material on normal infant development Dr. Balaban felt that participation in the Higher Education Faculty Institute would give her much needed material on best practice in early intervention which she could then share with her faculty.

Program Description

Bank Street College of Education is a graduate school of Education. The college offers Masters degrees in Early Childhood Education, Special Education, Administration and Supervision and Infant and Parent Development. Bank Street College of Education also runs an elementary school for children K-8 and the Family Center, a daycare center for infants and toddlers. The Family Center is an inclusive setting for infants and toddlers with disabilities.

The Masters degree program in Infant and Parent Development at Bank Street concentrates on human growth and development in the first three years of life. The required courses are as follows:

- Human Growth and Development-Part I Infancy (3 credits)
- Human Growth and Development-Part II Toddler Period (3 credits)
- Supervised Field Work and Advisement (12 credits)
- Educating Infants and Toddlers: Programs and Activities (3 credits)
- Practicum in Developmental Assessment of Infants and Toddlers (3 credits)
- Language Development: Diversity and Disorders (3 credits)
- Developmental Delays in the Early Years (3 credits)
- Elective (3 credits)

An independent study/directed essay is required for the degree.

Follow-up Contacts and Goals

Dr. Balaban participated in all four days of the Higher Education Faculty Institute, July 8, 12, 19, 22 1991. Dr. Lippman provided follow-up for the following year. Drs. Balaban and Lippman met individually six times for 1 1/2 hours during the following year. Dr. Balaban was unable to attend the follow-up group meeting held on November 11, 1991 but did attend the follow-up meeting held on February 7, 1992 for participants of the first Higher Education Faculty Institute. At this session the agenda was the development of the IFSP utilizing case study material. In addition, Dr. Balaban participated in the two hour session in best practice in early intervention given by Drs. Lippman and Bologna held at Bank Street in May, 1992.

FIRST FOLLOW-UP MEETING

The first follow-up meeting was held at Bank Street on Sept. 12, 1991. At this meeting goals for follow-up specific to Dr. Balaban's program and teaching responsibilities were reveiwed. The discussion focused on two primary issues:

1. The inclusion of an early intervention workshop in the Annual Infancy Institute in June, 1992. This Institute for Caregivers, Teachers Directors, Trainers, and Family Day Care Providers is designed for people who work with infants, toddlers and their parents and who are interested in individualized , professional development. This year Dr. Bettye Cauldwell was the keynote speaker. Drs. Lippman and Balaban discussed possible topics and speakers for the workshops and agreed to continue this discussion during the next meeting.

2. Share with the faculty at Bank Street, especially the Special Education faculty, information gained in the Institute that might be helpful in their teaching. Dr. Balaban decided to place this on the agenda for the first meeting of the faculty in November, 1991.

SECOND FOLLOW-UP MEETING

The second meeting was held on October 29, 1991. At this meeting Dr. Balaban asked if Drs. Lippman and Bologna would be interested in being the leaders for the workshops for the Annual Infancy Institute in June, 1992. It was agreed that Drs. Lippman and Bologna would submit a proposal for the workshops by the next follow-up meeting.

Additional agenda items were:

1. change in the course outline for Educating Infants and Toddlers, Spring, 1992 to reflect best practice in early intervention
2. rescheduling the faculty meeting for January, 1992 so a discussion of dissemination of the Higher Education Faculty Institute materials to Bank Street faculty could be discussed
3. report about a workshop on integration being prepared by Dr. Balaban and staff of the Family Center to be presented at the NAEYC conference later this Fall. Some of the readings disseminated during the Institute were suggested as background material. Additionally, Dr. Balaban was given the telephone number of Barbara Sherry, Coordinator of the Birth to Five Integration Project, Department of Early Intervention at New York Medical College as a resource for the presentation.

THIRD FOLLOW-UP MEETING

The third meeting, held on November 19, 1991, focused primarily on the development of the workshops for the Annual Infancy Institute in June, 1992. Drs. Lippman and Bologna drafted a proposal for the workshops focusing on a review of the recent legislation (P.L.99-457) and guidelines for programming and IFSP development through lecture, discussion and group activities.

Dr. Balaban planned a meeting with Dr. Sylvia Ross, the Chair of the Special Education Department to share information gained at the Higher Education Faculty Institute in December, 1991. The goal here is to gain wider interest from faculty about best practice in early information.

FOURTH FOLLOW-UP MEETING

On January 21, 1992 Dr. Balaban and Dr. Lippman met for the next follow-up meeting. As a result of the faculty meeting and Dr. Balaban's meeting with Dr. Sylvia Ross of Special Education Dr. Balaban felt that the faculty was ready to explore the issues related to best practice in early intervention with specific focus on P.L.99-457,IFSP, teams, family-directed care and the history of early intervention. Dr. Lippman agreed to prepare an outline for a two hour workshop for faculty to be scheduled in May, 1992.

FIFTH FOLLOW-UP MEETING

Drs. Lippman and Balaban met next on March 21, 1992. The workshop presentations for the Annual Infancy Institute were finalized. The primary topic for discussion for this meeting was the workshops planned for faculty in May, 1992. Since a full faculty meeting at Bank Street College was scheduled for March 23, 1992 Drs. Balaban and Lippman reviewed a needs assessment for the May workshop to be administered at that meeting.

SIXTH FOLLOW-UP MEETING

The next meeting, on April 16, 1992 finalized the topics to be covered for the faculty meeting on May 15, 1992 and the workshops for the Annual Infancy Institute in June.

SEVENTH FOLLOW-UP MEETING

Dr. Balaban called Dr. Lippman early in September, 1992. She is planning to revise the Infant Assessment course, given in the Spring semester. Currently, this is a course that focuses on the Bayley Scales of Infant Assessment. As a result of the participation in the Institute Dr. Balaban wants to include materials on other assessment tools as well as some material on play based assessment. Dr. Lippman attended a meeting on October 28, 1992 with Dr. Balaban, Dr. Casper and the two adjuncts who teach the Infant Assessment course to discuss the possible changes to the syllabai. The group will view the tape by Toni Linder on Play Based Assessment and meet again to make necessary changes.

SUMMARY

Overall, three primary goals were achieved as a result of Dr. Balaban's participation in the Higher Education Faculty Institute.

1. Two workshops in early intervention were included in the Infancy Institute. The conference was held on July 24-24, 1992. The workshops, one in the morning and one in the afternoon were entitled "Implementing programs for young children identified with disabilities: moving from mandates to best practice."

The morning session was entitled "Mandates and best practice: a review and update." The session was designed to focus on providing the participants with information about recent legislation and guidelines for practice. Through lecture, discussion, and group activities, the participants will work on the components of developing an Individualized Family Service Plan (IFSP) for children with disabilities and their families.

The afternoon session was entitled "Mandates and best practice: a case study." The session was designed to assist participants work through the process of developing an Individualized Family Service Plan (IFSP).

Due to poor registration, both workshops were cancelled the week prior to the Conference. The workshop was titled, "Implementing Programs for Young Children With Disabilities: From Mandate to Practice-A Review and Update." It was described as a, "review of recent legislation (99-457) and guidelines for programming through lecture, discussion, and group activities". After the cancellation and discussion with Dr. Balaban it was decided that the description for the workshops next year would be more specific to the theme of the conference for the Institute in 1993.

2. On May 15, 1992 Dr. Balaban coordinated a meeting for Dr. Lippman and Dr. Bologna and members of the Bank Street faculty from the Infancy, Special Education and Early Childhood Education departments to review best practice in early intervention. Nine faculty members were in attendance. Topics covered were P.L. 99-457, the IFSP process, family-directed care and inclusion. Dr. Balaban has been able to share Institute materials with her colleagues by xeroxing copies of the Higher Education Faculty Institute manual, readings, curriculum and bibliography. She has placed these materials in the faculty library and they are available to faculty and students. Drs. Lippman and Bologna were asked to lead a follow-up session in the Fall, 1992 particularly to focus on the EarlyCare legislation passed in July 1992.

Dr. Lippman and Dr. Sylvia Ross, Director of the Special Education Department will meet in the Fall, 1992 to discuss the possibility of a full

Higher Education Faculty Institute for Bank Street faculty during the 1992-93 academic year.

3. Dr. Balaban teaches the year long course in Educating Infants and Toddlers-Environments and Programs and Activities. The first semester addresses developmental needs of infants and toddlers, care of the family as the ultimate goal, working with families and issues related to cultural sensitivity. The second semester focuses on a theoretical framework for examining programs, and play.

Dr. Balaban has changed her second semester course to reflect best practice in early intervention by including one session for each of the following:

- Assessment and program planning. P.L. 99-457
- People with special needs. Focus on how a child with a disability impacts on the family, community and society.
- Assignment III is a research paper on the impact of a disability on the social and emotional development of the child and his/her family.

Dr. Balaban's participation in the Higher Education Faculty Institute has been beneficial to her students and members of the Bank Street College faculty. The future plans are to offer a session in best practice in early intervention in the Annual Bank Street Infancy Institute June, 1993. Additionally, there does appear to be significant interest on the part of Bank Street faculty from other department to participate in a full Higher Education Faculty Institute during the 1992-93 academic year.

Bank Street College of Education

COURSES REQUIRED FOR STATE CERTIFICATION IN SPECIAL EDUCATION (K-12) SPECIALIZATION: INFANT & PARENT DEVELOPMENT

Total credits 54

*Note: Students must show evidence of completion of a graduate course in basic child development

		credits
TE590	Supervised Field Work and Advisement	12
IN600	Human Growth and Development: Prenatal Through Age Three, Part I: Infancy	3
IN601	Human Growth and Development: Prenatal Through Age 3: Part II: The Toddler Period	3
IN502	Educating Infants and Toddlers: Part II: Programs & Activities	3
IN603	Pacticum in Developmental Assessment of Infants & Toddlers	3
SE/TE 505	Understanding and Working with Parents of Young Normal and Exceptional Children	3
SE/BI604	Language Development, Diversity and Disorders	3
SE/BI623	Developmental Delays in The Early Years	3
SE520.	Seminar in Early Childhood/Special Education	2
SE601.	Disturbances in Development: Emotional, Cognitive and Social: Part I	3
SE603.	Seminar in Reading Problems	3
SE700] SE701]	Advanced Seminar in Case Studies of Children: Special Education I & II	4
SE624.	Developmental Neuropsychology	1
SE	Elective	
TE502	The Study of Normal and Exceptional Children Through Observation and Recording	3
TE530.	Mathematics for Teachers	2
TE520.	The Teaching of Reading and Language Skills	3

Completion of Independent Study/Directed Essay

Bank Street College of Education
West 112th Street
New York, NY 10025

Fall 1990

HUMAN GROWTH AND DEVELOPMENT: BIRTH TO THREE
PART I: INFANCY IN600
Virginia Casper, Ph.D

READING ASSIGNMENTS:

All reading assignments are in the library and a selected number of books are available for purchase in the bookstore. Readings marked * are on LAST COPY in the library. Readings marked "K" All titles listed in this syllabus are required readings. Books and articles listed in the INFANCY BIBLIOGRPHY are optional or for your use in getting to know the journals in the field or to begin researching your paper topics.

SUPPLEMENTARY TEXT:

* Rosenblith, J., & Sims-Knight, J.E. (1985). In the Beginning: Development in the First Two Years. Monterey: Brooks/Cole.
Stern, D. (1977). The First Relationship. Cambridge: Harvard Univ. Press.

WRITTEN ASSIGNMENTS: There will be three written assignments due during the Fall semester. The details of each assignment will be discussed in class and you will receive separate materials to help you organize your work.

The goal of the first paper is to integrate a body of research concerning a focused topic in early infancy. Please clear topic with instructor. This paper should be approximately 6 pages in length and will be **due December 10.**

The second paper is an exercise in which the goal is to observe an infant under 1 year of age and apply and integrate one of the developmental theories we are studying. This paper is due and should be approximately 5 pages in length. **Due Monday, Nov. 12.**

The third assignment is an on-going developmental study which will not be due until January 16. The preparations however, should be initiated before thinking about the other assignments. The goal is to observe and follow an infant during the first few months of life. This will enable you to observe first hand the developmental changes we are studying. The more visits you have the more you will be able to learn, but a minimum of three to four well spaced visits are required during the first semester. A one to four month old (in September) would be optimal.

ATTENDANCE: More than three absences will result in reduction of credit.

INFANCY SYLLABUS: REQUIRED READINGS
HUMAN GROWTH AND DEVELOPMENT- IN600

I Introduction: Theoretical, Evolutionary and Historical Approaches to Infancy: The Roots of Competence and Helplessness.

September 10.

Darwin, C. (1987). A biographical sketch of an infant. *Developmental Medicine and Child Neurology*, suppl. #24, v. 13, #5, (1971).

Gould, S. J. (1982). Human babies as embryos. In J. Belsky, (Edit.) *In the Beginning.*

White, B. L. (1988). *Educating the Infant and Toddler*. Lexington. Ch. 10.

Gross, D. (1989). Parents and infants: The beginning of human life, in N. Balaban et al (Eds.) *Selected Presentations* (1979). Bank Street College of Education.

Stern, D. (1977). *The First Relationship*. Cambridge: Harvard Univ. Press.

Fraiberg, S. (1980). Ghosts in the nursery. In *Clinical Studies in Infant Mental Health.*

II.Pre and Peri Natal Issues for Infants and Parents

September 17.

Benedek, T. (1970). The psychobiology of pregnancy, in Anthony & Benedek (Eds.) *Parenthood: Its Psychology and Psychopathology.* Little Brown.

Maurer, D. & Maurer, C. (1988). *The World of the Newborn.* Ch. 1,2, & 3.

Brazelton, T.B. & Cramer, B.G. (1989). In *The Earliest Relationship.* N.Y: Addison Wesley. Ch. 1, 2, & 3.

Optional:

Weston, D, Irvine, B & Zuckerman, B. et al (1989). Drug-exposed babies: Research and clinical issues in *Zero to Three,* IX (5)

Kubicek, L. et al (1990). Ethnic differences in the transition to parenthood. *Zero to Three.* April, Vol.10(4), 17-18..

Graves, P. (1989). The functioning fetus. Greenspan & Pollack (Eds.) *The Course of Life.* Vol I. International Univ. Press.

III. Bonding and Newborn Capacities: BNBAS demonstration and Guest Neonate.

September 24.

*Klaus, M., & Kennel, J. (1983). *Bonding: The Beginnings of Parent-Infant Attachment*. Ch. 2 & 3.

Maurer & Maurer, Ch. 4, 5 & 6.

*Brazelton, T. B. (1990). Neonatal Assessment, in *The Course of Life.*

IV Early Infant Development: The Two Month Shift, and Temperament
October 1.

Emde, R. & Buchsbaum, H. (1989). Toward a psychoanalytic theory of affect: II In The Course of Life, Vol I. International Universitites Press.
Bower, T. G B. (1974) The strange case of the smile in A Primer of Infant Development. NY: Freeman. Ch. 3.
•Thomas, A. & Chess, S. (1977). Temperament and Development N.Y.: Brunner Mazel. Chapter 1, 2 & 3.

Optional:
Wolff, P. (1968). The natural history of crying and other vocalizations in early infancy, in Foss, (Ed.) Determinants of Infant Behavior, IV. Methuen.

Monday, October 8 is Columbus Day.

V Problems Early in Life: Prematurity. Visit to a Neonatal ICU
October 15.

Sameroff, (1976). The effects of early experience: Fact or Fiction? in Chess & Thomas (Edits.) Annual Progress in Child Psychiatry and Child Development.
Goldberg, S. (1983). Born Too Soon. N.Y: Freeman. Read selectively.

Optional:
Fraiberg, Shapiro & Adelson. (1980). Billy, in Fraiberg, (Ed.) Clinical Studies in Infant Mental Health. N.Y: Basic Books.
Woolston, J. (1985). Diagnostic classification: The current challenge in failure to thrive syndrome research. In D. Drostar [Ed.] New Directions in Failure to Thrive. NY: Plenum Press.

VI Early Social Interactions. Parents and Young Babies Visit class.
October 22. **Father's Panel.**

Sander, L. (1976). Issues in early mother-child interaction, in Rexford, Sander & Shapiro. (Eds.) Infant Psychiatry: A New Synthesis. New Haven: Yale University Press.
Lamb, M. & Easterbrooks, M.A., (1981). Individual differences in parental sensitivity: Origins, components, and consequences, in Lamb & Sherrod, Infant Social Cognition. N.J.: L. Erlbaum Press.
Tronick, E. (1989). Emotions and emotional communication in infants. American Psychologist, 44,(2), 112-119.

Optional:
Parke, R., & Tinsley, B. (1981). The father's role in infancy: Determinants of involvement and play, in M. Lamb, (Edit.) The Role of the Father in Child Development. N.Y.: John Wiley & Sons.

VII Self-Other Awareness. Video: The Psychological Birth of the Human

Oct. 29.

*Mahler, M. (1975). The Psychological Birth of the Human Infant Ch. 1-4.
Stern, (1985). The Interpersonal World of the Infant Chapters 1, 2, 3 & 10.

Optional:

Pine, F. (1985). Developmental Theory and Clinical Process, Chapter 4. "Moments and Background in the Developmental Process". Yale Univ. Press.

VIII Cognitive Development I. Infants in class for Uzgiris Hunt Demonstrations.

November 5.

Piaget, J. (1927). The first year of life of the child, in A. Gruber & J.Voneche (Eds.) The Essential Piaget. N.Y.: Basic Books, (1977).
*Anisfeld, M. (1984). Language Development from Birth to Three. Ch. 2 & 3. *
Uzgiris, I. & Hunt, J. Mc V. (1975). Assessment in Infancy: Ordinal Scales of Psychological Development. Chicago: University of Illinois Press. Chapters to be assigned.
Bruner, J. (1969). Eye, hand and mind, in D. Elkind & J. Flavell (Eds.) Studies in Cognitive Development. Oxford Press. Cognitive Development II.

IX Cognitive Development. Pre-language, Exploration and Play.

November 12.

OBSERVATION EXERCISE DUE.

Schaeffer, H. R. (1984). Topic Sharing, in The Child's Entry into a Social World. Academic Press.
Wong, J. & C. Miller (1984) Parental perceptions of infant vocal development. Paper presented to International Conference on Infant Studies, N.Y.C., April 5-8.
Fraiberg, S. (1976) . Intervention in infancy: A program for blind infants, in Rexford, et al. Infant Psychiatry: A New Synthesis.

Optional:

Ochs, E. & Schieffelin, B. (1982). Language acquisition and socialization: Three developmental stories and their implications, in R. Shwederand R. LeVine (Eds.) Culture Theory: Essays on Mind, Self and Motion. NY: Cambridge University Press. (instructor's file).
Sutton-Smith, B. (1986). Toys as Culture. Chapters 3, 6, 7 & 9.

IX Contact Comfort: The Physical Experience in Infancy. Slide Show on Carrying.

November 19.

Bell, S. & Ainsworth, M. (1982) Infant crying and maternal responsiveness. Child Development, 43, 1171-1190.

Lozoff, B & Brittenham, G. (1979). Infant Care: Cache or Carry? Journal of Pediatrics, 95, 478-483.

Montagu, A. (1971). Touching: The Human Significance of the Skin. N.Y.: Harper & Row. Chapters 4 & 7.

Optional:

Anisfeld, L. Casper, V. Nocyze, M. & Cunningham, N. (1990). Does infant carrying promote attachment? An experimental study of the effects of increased physical contact on the development of attachment. Child Development, 61(5).

Thanksgiving Break

XI Attachment and Loss: An Historical View using Maternal Deprivation and Institutionalization Studies. Video: Spitz's Somatic Consequences of Emotional Starvation in Infants. Nov. 26.

Spitz, R. (1945). Hospitalism. Psychoanalytic Study of the Child (PSC), Vol.P.

Bronfenbrenner, U. (1979). The Ecology of Human Development. Cambridge Mass: Harvard University Press, Ch. 7.

XII Nutrition in Infancy. Elaine Galland RN. Guest Speaker. Dec. 3.

Reading packet will be distributed in class.

XIII Attachment. Theory, Research and Practice. Video of Strange Situation. December 10.

RESEARCH PAPER DUE.

Ainsworth, M. (1982). Attachment: Retrospect and Prospect in C. M. Parkes & J. Stevenson Hinde (Eds.) The Place of Attachment in Human Behavior.

Harwood, R. (1988). Culture and Attachment in Anthropology Newsletter, p. 11 & 12.

Optional:

Ainsworth, M. (1961). Development of infant-mother interaction the Ganda, in Foss, Determinants of Infant Behavior, vol. I Methuen.

XIV Final Class. Student Presentations. December 17.

Bank St. College of Education
Instructor: Virginia Casper

Spring, 1990

BIBLIOGRAPHY: OPTIONAL READINGS/RESOURCES
Human Growth and Development: Toddlers

All books should be on LAST COPY, all articles in INSTRUCTOR'S FILE.

Class 1: Attachment and Day Care.

Vaughn, B., Deane, K. & Waters, E. (1985). The impact of out-of-home care on child-mother attachment quality: Another look at some enduring questions in I. Bretherton & E. Waters (Eds.) Growing Points of Attachment Theory and Research, Monographs of the Society for Research in Child Development, 50, (1&2) No. 209, Ch. 4.

Barglow, P., Vaughn, B. & Molitor, N. (1987). Effects of maternal absence due to employment on the quality of infant-mother attachment in a low risk sample. Child Development, 58 (4), 945-954.

Howes, C., Rodning, C., Galluzzo, D., & Myers, L. (1988). Attachment and child care: Relationships with mother and caregiver. Early Childhood Research Quarterly, 3, 403-416.

DeMeis, Hock & McBride (1986). The balance of employment and motherhood: Longitudinal study of mother's feelings about separation from their first born infant. Developmental Psychology, 22 (5), 627-632.

Thompson, R.A. (1988). The effects of infant day care through the prism of attachment theory: A critical appraisal. Early Childhood Research Quarterly, 3, 273-282.

Howes, C. & Olenick, M. (1986). Family and child care influences on toddlers' compliance. Child Development, 57, 202-216.

Winn, S., Tronick, E. & Morelli, G. (1989). The infant and the group: A look at Efe caretaking practices in Zaire, in K. Nugent et al (Eds.) The Cultural Context of Infancy.

Class 2: The Nature of the Toddler Experience.

Vaughn, B., Kopp, C., & Krakow, J. (1984). The emergence and consolidation of self-control from eighteen to thirty months of age: Normative trends and individual differences. Child Development, 55, 990-1004.

Galenson, E. (1979). Development from one to two years: Object relations and psychosexual development, in J.D. Call, (Ed.) Basic Handbook of Child Psychiatry, vol I, (Noshpitz Ed.). N.Y.: Basic Books, 144-156.

Kagan, J. (1981). The Second Year. Ch. 1.

Wasserman, G., Allen, R. (1985). At-risk toddlers and their mothers: The special case of physical handicap. C.D., 56, 73-83.

Woodcock, L.P. (1941). Life and Ways of the Two Year Old. Basic Books. Forward, Preface and Ch. 1,8, 10 & 11.

Class 3: Separation Individuation.

Kaplan, L. (1978). Oneness and Separateness. Simon & Schuster. Ch. 5 & 6.

Horner, T. (1988). Rapprochment in the psychic development of the toddler: A transactional perspective. American Journal of Orthopsychiatry, 58 (1).

Pine, F. (1985). Developmental Theory and Clinical Process. New Haven Conn: Yale University Press.

Bergman, A. (1980). Ours, yours and mine, in Lax, Bach and Burland, Rapprochment: The Critical Subphase of Separation-Individuation. Aronson.

Furman, E. (1989). Mothers, toddlers and care. In S. Greenspan & G. Pollock, The Course of Life, Vol. 2, I.U.P.

Levine, L. (1983). Mine: Self-definition in 2-year old boys. Developmental Psychology, 19, (4), 544-549.

Class 4: The Role of Parents in the Separation/Individuation Process.

Blos, P. (1985). Intergenerational separation-individuation: Treating the mother-infant pair, PSC, 40, 41-56.

Benedek, Therese, (1959). Parenthood as a developmental phase. Journal of the American Psychological Association, 7, 389-417.

Birns, B. & Hay, D. (1988) Different Faces of Motherhood. Plenum Press.

Phillips, L. (1981). A program for 2's and their mothers. How separation/individuation shapes educational decision. M.S. thesis, Bank Street College of Education. p. 47,48.

Lamb, M. (1977). The development of mother-infant and father-infant attachments in the Second Year of Life, Developmental Psychology, 13, 6, 637-648.

Class 5: Motor Development.

Developmental Psychology (1989), vol. 25 (6). (see for complete bibliography)

class 6: Cognition.

Zigler, E. & Lang, M. (1986). The "Gourmet Baby" and the "Little Wildflower", Zero to Three: Bulletin of the NCCIP, Vol. Vii (2) (Dec.) 8-12.

Brownell, C. (1986). Convergent development: Cognitive-developmental correlates of growth in infant/toddler peer skills. Child Development, 57 275-286.

Escalona, S. (1981). The reciprocal role of social and emotional developmental advances and cognitive development during the second and third years of life. In E. Shapiro & E. Weber (Eds.). Cognitive and Affective Growth. N.J.: L. Erlbaum.

Drucker, J. (1981). Developmental concepts of cognition and affect. Cognitive and Affective Growth.

BEST COPY AVAILABLE

Class 7: Cognitive Development and Language.

Ochs, E. & Schieffelin, B. (1988). Cultural dimensions of language acquisition, in B. Scheifflin, (Ed.) Acquiring Cognitive Competence. Routledge and Keagan Paul.

Tomasello, M., & Farrar, M.J. (1986). Joint attention and early language. Child Development, 57, 1454-1463.

Bloom, L., & Capatides, J.B. (1987). Expression of affect and the emergence of language. Child Development, 58, (6), 1513-1521.

Brooks-Gunn, J. & Lewis, M. (1970). "Why Mama and Papa?": The development of social labels. Child Development, 50, 1203-1206.

Jakobson, R. (1962). Why 'Mama' and 'Papa'? In B. Kaplan & S. Wapner (Eds.). Perspectives in Psychological Theory. N.Y.: I.U.P.

Feldman, H. & Gelman, R. (1986). Otitis media and cognitive development: Theoretical perspectives, in J. Kavanagh (Ed.) Otitis Media and Child Development. Maryland: York Press.

Class 8: Development in the Context of the Family.

Sigman, M. Neumann, C. Carter, E. & Cattle, D. (1988). Home interactions and the development of Embu Toddlers in Kenya. C.D. 59, 1251-1261.

Edwards, C.P. (1982). Culture and the construction of moral values: A comparative ethnography of moral encounters in two cultural settings, in The Emergence of Morality in Young Children.

Goldberg, W. & Easterbrooks, M.A. (1984). Role of marital quality in toddler development. Developmental Psychology, 20,(3), 504-514.

Class 9: Play and Peer Interaction.

Sutton-Smith, B. (1986). Toys As Culture. Ch. 10. Gardner.

Brownell, C. (1986). Convergent developments: Cognitive-developmental correlates of growth in infant/toddler peer skills. Child Development,57, 275-286.

Fein, G. (1981). Pretend play in childhood: An integrative review. Child Development, 52, 10095-1118.

Rheingold, H., Hay, D. & West, M. (1976). Sharing in the second year of life. Child Development, 47, 1148-1158.

Class 10: Cognition and Affect.

Bowlby, J. (1973). Separation: Anxiety and Anger. N.Y.: Basic Books.

Slade, A. (1987). A longitudinal study of maternal involvement and symbolic play during the toddler period. Child Development, 58,(21), 367-375.

Segal, R. (1982). The Prison Nursery: Bedford Hills Correctional Facility. Unpublished M.S. Thesis, Bank Street College of Education.

Solnit, A.J. (1982). Developmental perspectives on self and object constancy. Psychoianalytic Study of the Child, 37.

Class 11: Bathing Babies in Three Cultures.

deVries, M. & deVries, R. (1977). Cultural relativity of toilet training readiness: A perspective from East Africa. Pediatrics, 60 (2) 170-177.

Class 12: Nutrition. (separate bibliography)

Class 13: Normal Conflicts and Fears of Toddlers and Twos.

Zuckerman, B., Stevenson, J. & Bailey, V. (1987). Sleep problems in early childhood: Continuities, predictive factors and behavioral correlates. Pediatrics, 80, (5), 664-671.

Class 14. Gender Identity, Constancy and Sex-Role Development.

Galenson, E. & Roiphe, H. (1974). The emergence of genital awareness during the second year of life in Friedman, Richart and Vande Wide (Eds.) Sex Differences in Behavior. N.Y.: Wiley and Sons.

Bank Street College of Education
610 West 112th Street
New York, NY 10025

Fall 1990

IN501 EDUCATING INFANTS & TODDLERS: PART I - ENVIRONMENTS
Nancy Balaban
Thursday 4:30 - 6:30p.m.

COURSE ORGANIZATION AND ASSIGNMENTS

SESSION 1

Developmental Needs of Infants & Toddlers

Assignments: Hopper, P. & Zigler, E. The medical and social science basis for a national infant care leave policy. American Journal of Orthopsychiatry, 58 (3), July 1988, 324-338.

Optional: "What do Babies Know?" Time Magazine, August 15, 1983.

McGraw, M. "Let Babies be our Teachers", lecture, N.Y. Academy of Medicine, 1943.

SESSION 2

What Constitutes Environment?

Film: Person to Person in Infancy (if available)

Assignment: Hignett, W.F. Infant/Toddler day care, yes; BUT We'd better make it good. Young Children. Nov. 1988, 32-33.

Honig, A. High Quality Infant/Toddler Care: Issues and Dilemmas, Young Children, November 1985, 40-46.

Jacobson, A.L. Infant Day Care: Toward a More Human Environment Young Children July, 1978, 14-21.

Prescott, E. Is Day Care as Good as a Good Home? Young Children January 1978.

Whitebook, M. & Granger, R. C. "Mommy, who's going to be my teacher today?" Assessing teacher turnover. Young Children. May 1989, 11-14.

Optional: Gonzales-Mena, J. What is a good beginning? Young Children, March, 1979.

Gross, D. Balancing Basics - Quality settings for learning. Childhood Education, Jan. 1974.

Honig, A. Recent Infancy Research, in Weissbourd & Musick, (eds.) Infants: Their Social Environments. Washington: NAEYC, 1981.

Murphy, L.B. Spontaneous ways of learning in young children. Children. Nov./Dec. 1976.

Rutter, M. Social-emotional consequences of day care for preschool children. In E. Zigler & E. Gordon (eds.) Day Care: Scientific and Social Policy Issues. Boston: Auburn House, 1982.

Yarrow, L.J. et al. Dimensions of Early Stimulation and their differential effects on infant development, in J. Belsky (ed.) In the Beginning. New York: Columbia University Press, 1982.

To be read over the first few weeks:

Godwin, A.& Schrag, L. Setting Up For Infant Care. Washington, D.C.: NAEYC, 1988.

Dittman, L. (ed.) Early Child Care: The New Perspectives. New York: Atherton Press, 1968, Ch. 1-5.

Jones, E. Supporting the Growth of Infants, Toddlers and Parents. Pacific Oaks College, 1979. Read selectively.

McCartney K., Scarr, S., Phillips, D. Grajek, S. & Schwarz, J. Environmental differences among day care centers and their effects on children's development, in E. Zigler & E. Gordon (eds.) Day Care: Scientific and Social Policy Issues. Boston: Auburn House, 1982.

SESSION 3

Establishing Program Goals: Care of the Family as the Ultimate Goal.

Assignment: Brazelton, T.B. Cementing Family Relationships, in L. Dittman. (ed.) The Infants We Care For. Washington, D.C. NAEYC, Rev. Ed. 1984.

White, B.L. & M.K. Meyerhoff, What is Best for the baby? Op. Cit.

Brazelton, T.B. On Becoming a Family: The Growth of Attachment. New York: Delacorte Press, 1981.

McCartney, K. & Galanopolous, A. Child care and attachment: A new frontier the second time around. Amer. Journal of Orthopsychiatry, 58 (1) Jan. 1988, p. 16-24.

Powell, D. R. Families and Early Childhood Programs. Washington, D. C.: NAEYC. 1989. Ch. 1.

Willis, A. & Ricciuti, H. A Good Beginning for Babies. Washington, D.C.: NAEYC, 1976. Ch. 1,2,3.

Yogman, M. Childcare as a setting for parent education. In N Gunzenhauser & B. Caldwell (eds.) Group Care for Young Children, Johnson & Johnson Pediatric Roundtable, 1985

Optional: Caldwell, B. Can Young Children have a quality life in day care? Young Children, April 1973.

Clark-Stewart, A. And daddy makes three, in J. Belsky (ed.) In the Beginning. N.Y.: Columbia University Press, 1982

Prescott, E. Approaches to quality in early childhood programs. Childhood Education, January 1974

SESSION 4

Working with Parents

Assignment: Bromwich, R. Working With Parents and Infants: An Interactional Approach. Baltimore: University Park Press, 1982. Ch. 2

Clay, J.W. Working with lesbian and gay parents and their children. Young Children, March 1990, 31-35.

Galinsky, E. How to work with working parents. Child Care Information Exchange, June 1984, 1-4.

Gross, D. Infants and parents: The beginning of human life. In Dorothy W. Gross: Selected Presentations, New York: Bank Street College, 1989.

Johns, N. & Harvey, C. Engaging parents in solving problems: A strategy for enhancing self-esteem. Child Care Information Exchange, November 1987, 25-28

Optional: Brazelton, T.B. Issues for Working Parents, Amer. Journal of Orthopsychiatry, 56 (1) Jan. 1986, 14-25.

Bromwich, R. op. cit. Ch. 7 & 8 (specific, excellent interventions for working with parents.)

Gamble, T.J. & Zigler, E. Effects of infant day care: Another look at the evidence, Amer. Journal of Orthopsychiatry, 56 (1) Jan. 1986, 26-42.

Katz, L. Contemporary perspectives on the roles of mothers and teachers in Lillian Katz. More talks with teachers. Urbana, ILL.: ERIC 1984.

Lane, M.B. Educating for Parenting Washington, D.C.: NAEYC, 1975

Rothenberg, B.A. Parentmaking: A Practical Handbook for Teaching Parent Classes About Babies and Toddlers. Menlo Park, California: The Banster Press, 1983

SESSION 5

Staff Relations

Film: View from the Crib

Assignment: Gross, D. & Balaban, N. Working with aides. In M. Cohen (ed.) Primary School Potpourri. Washington, D.C.: ACEI, 1976.

Lally, J.R., Honig, A. & Caldwell B. Training paraprofessionals for work with infants and toddlers. Young Children, February 1973 173-181.

Optional: Honig, A.S. & Lally, J. Infant Caregiving: A Design for Training. (2nd Ed.) New York: Open Family Press, 1981.

Parker, R.K. & Dittman, L. (eds.) Day Care: Staff Training.(DEHW Publication No. OCD 73-23) Washington, D.C.: U.S. Govt. Printing Office, 1971. (ERIC No. ED 059-774)

SESSION 6

PAPER DUE
Slides & Video, "Space to Grow"
Discussion of Site Visits

SESSION 7 & 8

Designing & Planning Physical Environment

Assignment: Bergen, D. Play as a medium for learning and development, Portsmouth, N.H.: Heinemann, 1987. "Essay on Play: Places of Beauty"; by Anita Rui Olds, P. 181-185; Chapter 8: "Designing play environments for infants and toddlers." 187-207

Birckmayer, J. & Willis, A. Guidelines for Day Care Programs for Migrant Infants and Toddlers Ch. 8.

Ferguson, G. Creating growth producing environments for infants and toddlers in E. Jones (ed.) Supporting the Growth of Infants, Toddlers and Parents. Pasadena, CA.: Pacific Oaks College, 1979.

Greenman, J. Caring Spaces, Learning Places: Children's Environments that Work. Redmon, WA.: Exchange Press, 1988. Ch. 4,5 and 6.

Olds, A. R. Designing settings for infants and toddlers. In C.S. Weinstein & T.G. David (Eds.) Spaces for children: The built environments and child development. New York: Plenum Press, 1987.

Prescott, E. The environment as organizer of intent in child-care settings. In C.S. Weinstein & T.G. David (Eds) Spaces for Children: The built environment and child development. New York: Plenum Press, 1987.

Sponseller, D. Designing a play environment for toddlers. In D. Sponseller (Ed.) Play as a Learning Medium. Washington, D.C.;NAEYC, 1974.

Willis, A. & Ricciuti, H. A Good Beginning for Babies Washington, D.C. NAYEC, 1976. Ch. 10.

Optional: Harms, T. & Clifford, R. Environment Rating Scale. N.Y.: Teachers College Press, 1980.

Kontos, S. & Stevens, R. High quality child care: Does your center measure up? Young Children, Jan. 1985, 5-9.

Olds, A.R. Designing developmentally optimal classrooms for children with special needs. In S. Meisels (Ed.) Special Education and Development Perspectives on Young Children with Special Needs. Baltimore: University Park Press, 1979.

Olds, A.R. Psychological considerations in humanizing the physical environment of pediatric outpatient and hospital settings. Child Life Activities: An Overview. Washington, D.C.: Association for the Care of Children's Health, 1980.

SESSION 9

Issues in Caregiving: Working with Toddlers and Twos

Videos:

Assignment: Balaban, N. Twos are not preschoolers. Day Care and Early Education. Fall 1988.

Escalona, S. Developmental issues in the second year of life: Their implications for day care practices. Psychosocial Processes. Vol. 3. No. 1, Spring 1974.

Gonzales-Mena, J. Toddlers: What to Expect. Young Children Nov. 1986 47-51.

Haswell, K., Hock E., Wenar, C. Techniques for dealing with oppositional behavior in preschool children. Young Children Mar. 1982

Leipzig, J. Fostering prosocial development in infants and toddlers in D.P. Wolf (ed.) Friendship in the lives of young children. Redmond, Wash.: Exchange Press 1986.

Tyler, B. & Dittman, L. Meeting toddlers more than halfway. Young Children, Jan. 1980, 39-46.

Van der Zande, I. 1,2,3... The Toddler Years: A Practical Guide for Parents and Caregivers Santa Cruz, CA.: Santa Cruz Toddler Center, 1986.

Optional: Honig, A. Research in Review: Prosocial development in children. Young Children, July 1982, 51-62.

Provence, S. The Challenge of Day Care. New Haven: Yale University Press, 1977. Ch. 7 "The day to day experience for infants and toddlers."

Stewart, I.S. The real world of teaching two year old children. Young Children, July 1982, 3-13

Stonehouse, A.W. "The Challenge of toddlers" and "Discipline" in R. Lurie & R. Neugebauer (eds.) Caring for Infants and Toddlers Redmond, Wash.: Child Care Information Exchange, 1982.

Traub, J. Goodbye, Dr. Spock. Harpers, March 1985, 57-64.

SESSION 10

Issues in Caregiving: Health and Safety

guest pediatrician

Assignment:
(Read One)

Aronson, S. Lice - No cause for hysteria. Child Care Information Exchange. Nov. 1986.

Aronson, S. A safe ride for kids. Child Care Information Exchange. June, 1984, 5-8.

Aronson, S. Health and safety in the child care program - an update. In R. Lurie & R. Neugebauer (ed.s) Caring For Infants and Toddlers: Vol. II Redmond, Wash.: Child Care Information Exchange, 1982.

Brody, J. Personal Health Column NY Times, 9/10/86.

Highberger, R. & Boynton, M. Preventing illness in infant-toddler day care. Young Children , March 1983, 3-10

Kendall, E. Child care and disease: what is the link? Young Children, July 1983, 68-77.

Kendrick, A.S., Kaufman, R. & Messenger, K.P. (Eds.) Healthy Young Children: A Manual for Programs. Washington, D.C.: NAEYC, 1988.

Weiser, M.G. Group Care and Education of Infants and Toddlers St. Louis, Mo.: C.V. Mosby Co., 1982.
Ch. 3 "Safety and the Very Young Child"
Ch. 4 "The Nutritional Component of the Care and Protection Curriculum"
Ch. 5 "The Health Component of Infant-Toddler Care."

MUST READ Willis, A. & Ricciuti, H. A Good Beginning for Babies. Washington, D.C., NAEYC, CH. 11.

SESSION 11

Issues in Caregiving: Infant Care
Family Child Care: guest

Film: The Way we see Them

Assignment:

Howes, C. Research in Review: Infant Child Care. Young Children. Sept. 1989, 24-28.

Huntington, D. Day Care 2: Serving Infants. U.S. Govt Publication. Chs. 1,2,3.

Phillips, D. Infant and child care: The new controversy. Child Care Information Exchange. Nov 1987, 19-22

Willis, A. & Ricciuti, H. A Good Beginning for Babies. Washington, D.C. NAEYC, Chs. 7,8.

Zero to Three: Special Issue

Optional: Fraiberg, S. The Magic Years. Ch. 3

Gross, D. Some observations on the group care of infants. In M. Cohen (ed.) Developing Programs for Infants and Toddlers. Washington, D.C.: ACEI, 1977.

Modigliani, K., Reiff, M. & Jones, S. Opening your door to children: How to start a family day care program. Washington, D.C.: NAEYC, 1987.

SESSION 12

Issues in Caregiving: Separation

Filmstrip: Mondays and Fridays

Assignment: Balaban, N. Starting School: From Separation to Independence - A Guide for Early Childhood Teachers. NY: Teachers College Press, 1985.

Provence, S. The Challenge of Daycare. New Haven: Yale Univ. Press, 1977. Ch. 5.

SESSION 13 PAPER DUE

Work and Family Life: Environmental influences

Guest speaker

Assignment: Galinsky, E. Parents and teacher-caregivers: sources of tension, sources of support. Young Children, March 1988 4-12

Galinsky, E. How do child care and maternal employment affect children? Child Care Information Exchange, June 1986.

Clarke-Stewart, A. DayCare. Cambridge, Mass.: Harvard University Press, 1982.

Scarr, S. Mother Care/Other Care. New York: Basic Books, 1984.

Optional: Kammerman, S. Parenting in an Unresponsive Society. New York The Free Press, 1980.

Webb, N. PreSchool children with working parents. Lanham, Md.:Press of America , 1984.

SESSION 14

Infant/Toddler Care without bias

Assignment: Beginning Equal: A Manual about Non-Sexist Rearing for Infants and Toddlers. New York: Women's Action Alliance/Pre School Association.

Cuffaro, H. Reevaluating basic premises: Curricula free of sexism. Young Children. July 1975, P. 469-478.

Derman-Sparks, L. & the A.B.C. Task Force, Anti-bias curriculum: Tools for empowering young children. Washington, D.C.: NAEYC, 1989. Chs. 1, 2, 3.

Honig, A. Sex role socialization in early childhood. Young Children, Sept. 1983.

Leipzig, J. My, don't you look pretty!, Children Today, Jan/Feb., 1984, 16-22.

Wardle, F. Endorsing children's differences: Meeting the needs of adopted minority children. Young Children. July 1990, 44-46.

Bank Street College of Education
610 West 112th Street
New York, NY 10025

Spring 1990

IN502 EDUCATING INFANTS AND TODDLERS
PART II - PROGRAMS & ACTIVITIES
Instructor - Nancy Balaban

Course Organization & Reading Assignments

Session 1: Introduction: What is a program for children under three?

Gross, D. "Leadership in infancy settings: The role of the infant/parent educator" in Selected Presentations by Dorothy W. Gross. New York: Bank Street College, 1989.

Ayers, W. The good preschool teacher. New York: Teachers College Press, 1989. Ch. 2. "Anna: The other mother."

Session 2: Examination of a program

Assignment: Levenstein, P. The mother-child home program. In M.C. Day & R.K. Parker (Eds.) The Preschool in Action: Exploring Early Childhood Programs, 2nd, edition. Boston: Allyn & Bacon, 1977.

Scarr, S. & McCartney K. Far from home: An experimental evaluation of the Mother-Child Home Program in Bermuda. Child Development, 1988, 59, 531-543.

Optional: Cataldo, C.Z. Infant & Toddler Programs. Reading, Mass: Addison-Wesley, 1983.

Gross, D. Some observations on the group care of infants. In M. Cohen (Ed) Developing Programs for Infants and Toddlers. Washington, D.C.: ACEI, 1977.

Session 3: Theoretical overview: evolving a framework for examining programs.

Assignments: Bredekamp, S. (ed) Developmentally Appropriate Practice. Washington, D.C.: NAEYC, 1986, part 2, Developmentally Appropriate care for children birth to age 3, p. 17-46.

Bromwich, R. Stimulation in the first year of life: A perspective on infant development. Young Children. Jan. 1977, 71-82.

Kleeman, J.A. Hatching out.

Prescott, E. Is day care as good as a good home? Young Children. Jan. 1978, 13-19.

Honig, A.S. Recent Infancy Research. In B. Weissbourd & J. Musick, (Eds.) Infants: Their Social Environments. Washington, D.C. NAEYC, 1981.

Optional: Bronfenbrenner, U. Is early intervention effective? In B.Z. Friedlander & G.M. Sterritt & G.E. Kirk, Exceptional Infant: Assessment & Intervention Vol 3. New York: Brunner/Mazel, 19765. p. 449-475

Brearly M. & Hitchfield, E. A Guide to Reading Piaget. New York: Schocken Books, 1973. Ch. VIII "Behavior of Babies."

Gunzenhauser, N. & Caldwell, B. Group care for young children, Johnson & Johnson Round table, 1986.

Honig, A.S. Reflections on infant intervention programs: What have we learned? Journal of Children in Contemporary Society, 17:1, Fall, 1984.

Pulaski, M. Your baby's mind and how it grows. New York: Harper Colophone Books, 1978.

Session 4: A look at an actual program: Guest presenter

Session 5: The play of infants and toddlers.

Assignments: Bring in an anecdote of a child playing.

Earheart, B.K. & Leavitt, R.L. Supporting Toddler Play. Young Children, March 1985.

Murphy, L.B. Infant's play and cognitive development. In M.W. Piers (ed) Play and Development. New York: W.W. Norton, 1972.

Willis, A. & Ricciuti, H. A Good Beginning for Babies. Washington, D.C. NAEYC, Ch. 5.

Hitz, R. & Driscoll, A. Praise or encouragement?: New insights into praise: Implications for early childhood teachers. Young Children, July 1988., 6-13.

Optional: Play: The child strives toward self realization. Proceedings fo NAEYC conference, 1971.

Fein, G. & A. Clarke-Stewart. Day care in context. New York: J. Wiley & Sons, 1973. Ch. 6 "Play reconsidered."

Franklin, M.B. Non-verbal representation in young children: a cognitive perspective. Young Children, Nov. 1973, 33-53.

Millar, S. The Psychology of play. Penguin Books, 1968, Ch. 4. "Exploring Movement and play."

Segal, M. & Adcock, D. Your child at play: Birth to One Year, One to Two Years, Two to Three Years. New York: New Market Press. 1986.

Sutton-Smith, B. How to play with your child (and when not to). N.Y.: Dutton, 1974.

Session 6: Evaluation of Commercial Playthings

Film: On Their Own With our Help

Assignment: Bring a favorite toy from your center.

Balaban, N. Toys: The learning tools of childhood. In The Pleasure of their Company. Randor, Pa.: Chilton Book Co., 1981.

Kaban, B. Choosing Toys for children 0 to 5.

Oppenheim, J. Kids and Play. NY: Ballentine, 1984.

Oppenheim, J. Buy Me! Buy Me! NY: Pantheon, 1987.

Swartz, E. Toys that kill. NY: Vintage Press, 1986.

Session 7 & 8: Toymaking Workshop

Assignment: Huntington, D. Day Care 2: Serving Infants. Ch. 4.

Newsom, J. & E. Toys and Playthings: In development and remediation. New York: Pantheon Press.

White, B. Educating the Infant and Toddler. Lexington, Mass.: 1988 Ch. 20 "Toy Selection"

Willis A. & Ricciuti, H. A Good beginning for babies. Appendix C. "Toys for babies."

Session 9: Gross Motor Activities and Development

Guest presenter

Assignment: Bailey, R.A. & C.C. Burton The Dynamic Self. St. Louis: C.V. Mosby Co., 1982

Cass-Beggs, B. Your baby needs music: A music sound book for babies up to two years.

Johnson, H. Children in "The nursery school". NY: Agathon Press, 1972. The physical environment. Part I no. 1, p 65 f.f.

McDairmid, Petersen & Sutherland. Loving and Learning NY: Harcourt, Brace & Jovanovich, 1975. (check index)

Session 10: What content for a program for children 0 to 3?

Assignment: Bredekamp, S. (ed) Developmentally appropriate Practice p.17-46

Dombro, A. The ordinary is extraordinary, NY: Simon & Schuster, 1988.

Ferreira, N. Teachers guide to educational cooking in the nursery school. Young Children, 1973.

Papers by former students: On Cooking by D. Dalton
On Walks by J. Leipzig

Session 11: Expressive materials: water/paint/sand/dough/clay/blocks

Film: Waterplay for teaching young children

Assignment: Browne & Hopson. Making a mess creatively: An Art Program for two year olds. Childhood Education. Jan/Feb. 1983. 167-72.

Cartwright, S. Play can be the building blocks of learning. Young Children, July 1988, 44-47.

Elder, C.Z. Miniature sand environments: A new way to see and feel and explore. Young Children, June 1973.

Eggleston, P.J. & M.K. Weir. Waterplay for preschoolers. Young Children, Nov. 1975.

Fucigna, C., K.C. Ives & V. Ives. Art for toddlers: a developmental approach. Young Children, March 1982, 45-51.

Hill, D. Mud, Sand and Water. Washington, D.C.: NAEYC, 1977.

Hirsch, E. (ed.) The Block Book. Ch. 2 "The art of block building." by Harriet Johnson.

Hurrah for H2O, ERIC publication

Johnson, H. Children in "The Nursery School." pp. 182-211. "Building Materials."

McDairmid et al, Loving and Learning. New York: Harcourt, Brace, Jovanovich, 1975. Relevant sections on art, sand and water play.

Optional: Biber, B. Children's drawings from line to pictures. NY: Bank Street of Educ.

Session 12: Health: Child Abuse

Guest presenter

Assignment: Meddin, B.J. & Rosen, A.L. Child abuse and neglect: Prevention and Reporting. Young Children, May 1986.

Koblinsky, S. & Behana, N. Child sexual abuse: The educator's role in prevention, detection and intervention. Young Children. Sept. 1984.

Pawl, J. Infant mental health and child abuse and neglect. Zero to Three. April 1987.

Optional: Egeland, B. Failure of 'bond formation' as a cause for abuse, neglect and maltreatment. American Journal of Orthopsychiatry. Jan. 1981, 51(1).

Gladston, R. The domestic dimensions of violence: Child abuse.

Session 13 & 14: The Meaning of Language and Books

Assignment: Tell a story to a toddler and bring it to class.

Butler, D. Babies need books: How to share the joy of reading with your child. Penguin Books, 1982.

Chukowsky, K. From two to five, Ch. 1 & 3.

Honig, A.S. Research in review: Language environments for young children. Young Children, Nov. 1982.

Mitchell, L.S. Here and Now Story Book. What language means to young children, pp. 13-55.

Johnson, H. Children in "The Nursery School." Ch. 3 Language and Rhythm, pp 102-150.

Balaban, N. What do young children teach themselves? Childhood Education, April/May, 1980.

Bank Street College of Education.
Developmental Delays in the Early Years of Life.

SE/TE 623 Spring, 1991.
Instructor: Kirsten DeBear

Course Description:

The main goal of this course is to familiarize students with the most commonly manifested symptoms of delay in young children. It aimes to provide students with empathy, understanding and tools to provide delayed children and their families with optimal pre-school environments. It offers descriptions of: Specific diagnoses, behavioral characteristics of children with delays, the effect of delay and disability on the psycho-social wellfare of the child and his/her family, societal adjustments to disabilities, and intervention techniques. It emphasizes a practical approach, using case-studies, classroom demonstrations, class-participation, slides and films.

Course Outline, Bibliography and Assignments.

Texts:
Required:
Greenspan, Stanley, MD. Psychopathology and Adaptation In Infancy and Early Childhood. IUP. New York. 1981
Greenspan's book is available from Papyrus Bookstore on 114th Street.
Optional:
Fallen and Umansky. Young Children with Special Needs. Merril. 1985.

Written Assignments:
There will we three written assignments: One reaction log to 'Loving Rachel' by Jane Bernstein or 'The Siege' by Clara Claiborne Parke, due the 7th class; one on task analysis, due the 11th class; and a final paper studying and researching the impact of disability on social emotional development, due the 14th class.

1. **January 31st: Introduction and overview of class.** A brief overview of handicapping conditions and a historical and cultural

perspective on intervention.

Readings for next class.

Greenspan, Stanley, MD: "Fostering Emotional and Social Development in Infants with Disabilities". In: September 1988 issue of Zero to Three.

Chatoor, Irene, MD; S. Schaefer, L. Dickson and J. Egan. "A Developmental Approach to Feeding Disturbances: Failure to Thrive and Growth Disorders in Infants and Young Children." In: February 1985 issue of Zero to Three.

Vygotsky, L. S. Cp.1 in 'Mind and Society' Ed: Cole, John-Steiner, Scribner and Souberman. Cambridge University Press. Cambridge, Mass. 1978.

Greenspan, Stanley: Appendix in Psychopathology and Adaptation in Infancy and Early Childhood. IUP. 1981

2. February 7th: Developing a theoretical framework for intervention.

Using a developmental framework, we will discuss the development of feeding and eating and look at special issues around feeding and the child with atypical development.

We will discuss different ways to look at development, and see how theory assists intervention planning.

Readings for next class.

Martin, Anne: Teachers and Teaching. Harvard Educational Review. Vol. 58 No. 4 November 1988. (Optional)

Linder, W. Toni: Early Childhood Special Education. Pps. 123-152. Paul Brookes Publishing Co. Baltimore, London. 1983.

Dokecki, Paul and C.A. Heflinger: "Strengthening Families of Young Children With Handicapping Conditions." Pps: 59-84 In: Policy Implementation & PL99-457. Ed. J. Gallager, P. Trohanis and R. Clifford. Brooks Publishing Co. 1989.

Ziegler, Martha. "A Parent Perspective." Pps 85-96. Ibid.

3. February 14th: Assessment and program planning. Public Law 99-457.

We will observe a toddler on VCR and write an IFSP.

Readings for next class.

Greenspan. Pps. 1-48

4. February 21st. People with Special Needs . We will discuss how a child with special needs impacts on the family, the community and society.
Guest Lecturer: Barbara Abel.
Video of children in a mainstreamed daycare.

Readings for next class:

Connor, Frances, Gordon Williamson and John Siepp: Cps. 5 in: "Program Guide for Infants and Toddlers with Neuromotor and other Developmental Disabilities." Teachers' College Press. New York. 1978.

or:

Finnie, Nancy. Handling the Young Cerebral Palsied Child at Home. Cp. *3 'Movement'. Sunrise books. New York, 1975
Finnie, Nancy. Cps. 11 and 17. On Play and Carrying. Ibid.

Williamson, Gordon. "Motor Control as a Resourse for Adaptive Coping". In: September 1988 issue of Zero to Three.

5. February 28th. Intervention with Motorically Impaired Youngsters. We will look at the developmental characteristics of motorically impaired children. (Please bring in a rag doll.) VCR slides.

Readings for next class:

Musselwhite: Cps. 1 + 2 and 3 in "Adaptive Play for Special Needs Children". College Hill Press. San Diego, California. 1986.
Greenspan: Pps. 49-111

6. March 7th. Play!
We will examine how play can facilitate motor development.
Task analysis of fine motor activities will be demonstrated.
Organization and the concept of a 'Proximal Zone of Development.'
*A slide presentation of intervention in the mainstreamed daycare.

Readings for next class:

Lorna Wing: Cp. 4 in 'Autistic Children' Citadel. 1980.
Victor Bernstein: "Dramatic Responses in a Safe Place: Helping Parents to Reach Difficult Babies." In Zero to Three September. 1988.

Allen, Doris, L. Mendelson and I. Rapin. "Syndrome Specific Remediation in Preschool Developmental Dysphasia." From: J. French, et. al., (eds) Child Neurology and Developmental Disabilities: Baltimore: P. Brooks. 1988.

Sally Smith: Chapter 2. "Immaturity and the need for organization". In "No Easy Answers." Bantam Books. 1979

Alan Fleishman: "The Immidiate Impact of the Birth of a Low Birth Weight Infant on the Family." In: Zero to Three. April 1986

7. March 14th. Sensory characteristics of some children with special needs.

A case presentation of a child with Autism, and discussion of this and related disorders.

The special challenges of prematurity.

Readings for next class:

Fraiberg, Selma. "Intervention in Infancy: A Program for Blind Infants." In: Exceptional Infant. Vol. 3 Assessment and Intervention. Ed. B. Friedlander.

James Chalfant and Margaret Schlefferlin: "Visual Processing" In: Central Processing Dysfunctions in Children: A Review of Research. U.S. Department of Health, Education, and Welfare. National Institute of Health. Bethesda. Md. 20014 1969.

8. March 21st. Visual difficulties in children with special needs.

We will explore various visual problems and talk about the development of blind children.

Readings for next class:

Daniel Stern: Cp. 1 in The First Relationship. Harvard University Press. 1977

Patricia Dukes: "Developing Social Prerequisites to Oral Communication". In: Social Development of Exceptional Children. Aspen. 1982

9. March 28th. Non verbal communication. The beginning of social awareness, and the precursor for learning.

*A class activity will explore non-verbal interaction.

Tactile kinestetic learning will be demonstrated.

Readings for next class:

Hand-out on speech sound development.
Carol Barach: 'Help Me Say It'. Cp. 4 New American Library. N.Y. 1984
Maureen Garvey: Chapter on Speech Therapy. In: Helping Clumsy Children. Eds: Neil Gordon and Ian McKinlay. Churchill Livingstone. New York 1980
Greenspan: Pps. 113-153

10. April 11th. Auditory difficulties in special needs children
Films on education of the deaf.
Readings for next class:
Susan Watkins: "Effects of hearing loss on symbolic thought. "Developing Cognition in Young Hearing Impaired Children. Project 'SKI HI' Utah State University. 1983
Stanley Greenspan: Representational Capacity. Pps: 155-214

11. April 18th. Problems with developing symbolic language.
Symbolic play in handicapped youngsters.
The emergence of representational drawing in handicapped youngsters.
Film on language development.
Readings for next class:
Sally Smith: The need to Learn How to Learn. In: No Easy Answers. The Learning Disabled Child at Home and at School. Bantam Books. New York. 1979
Judy Howard, Leila Beckwith, Carol Roding and Vicki Kropenske: "The Development of Young Children of Substance-Abusing Parents: Insights from Seven Years of Intervention and Research. In Zero to Three. June 1989.

12. April 25th. Learning disabilities.
*Guest: Toby Polanco will present a social development program for learning disabled students.
The challenge of meeting the needs of drug exposed infants and their families.

Readings for next class:
Reuven Feuerstein: Chapter 4 in: Instrumental Enrichment. University Park Press. 1980

13. May 2nd. Cognitive Impairments.

We will look at specific cognitive impairments and examine how a cognitive deficit impeedes general development.

14. May 9th. Class discussion of the impact of impairments on social emotional development of both the child and his family.

Assignments:

I. **Reaction Log**: As you read either 'The Siege' or 'Loving Rachel' write down your reactions to the descriptions of the childs behaviors; give a sense of the mother's temperament and describe how she copes and adjusts; describe the family's reaction and adjustment. Also write down how the family attempts to help the child and what kind of help they get from the community and professionals. What type of support was most helpful and why?
If you have read these books you can read either 'Yesterday's Child' by Helene Brown or 'Sunrise' by Barry Neil Kaufman.

II. **Task Analysis**: Do a task analysis of three of the following tasks, one from each group: List the required behaviors in the order they occur. Make lists rather than writing an essay.

A
1. Stacking 8 blocks on top of each other.
2. Snipping a piece of paper with scissors.
3. Inserting a circle, a square and a triangle into a formboard.
4. Turning pages of book singly.
5. Stringing three one inch beads.
6. Folding a piece of paper to put into an envelope.

B
1. Pushing a chair across the room.
2. Going down a slide in a seated position.
3. Climbing up a vertical ladder.
4. Riding a tricycle around an obstackle.
5. Sitting up from a crawling position.
6. Throwing a large ball.

C
1. Sucking from a straw.
2. Blowing out a candle.
3. Chewing a carrot.
4. Drinking from a cup.
5. Eating soup with a spoon.
6. Imitating 'MaMa'.

III. Research paper on the impact of a disability on the social and emotional development of the child and his/her family.
Choose a specific diagnosis and describe the expected behavior manifestations. Research the literature on the social-emotional effects of this disability. Include research and your own thoughts about maternal and familial adjustments.
If you have access to a specific child and his/her family you can make it a case study.

Readings for next class.

Greenspan, Stanley, MD: "Fostering Emotional and Social Development in Infants with Disabilities". In: September 1988 issue of Zero to Three.

Chatoor, Irene, MD; S. Schaefer, L. Dickson and J. Egan. "A Developmental Approach to Feeding Disturbances: Failure to Thrive and Growth Disorders in Infants and Young Children." In: February 1985 issue of Zero to Three.

Vygotsky, L. S. Cp.1 in 'Mind and Society' Ed: Cole, John-Steiner, Scribner and Souberman. Cambridge University Press. Cambridge, Mass. 1978.

Greenspan, Stanley: Appendix in Psychopathology and Adaptation in Infancy and Early Childhood. IUP. 1981

2. February 7th: Developing a theoretical framework for intervention.

Using a developmental framework, we will discuss the development of feeding and eating and look at special issues around feeding and the child with atypical development.

We will discuss different ways to look at development, and see how theory assists intervention planning.

Readings for next class.

Martin, Anne: Teachers and Teaching. Harvard Educational Review. Vol. 58 No. 4 November 1988. (Optional)

Linder, W. Toni: Early Childhood Special Education. Pps. 123-152. Paul Brookes Publishing Co. Baltimore, London. 1983.

Dokecki, Paul and C.A. Heflinger: "Strengthening Families of Young Children With Handicapping Conditions." Pps: 59-84 In: Policy Implementation & PL99-457. Ed. J. Gallager, P. Trohanis and R. Clifford. Brooks Publishing Co. 1989.

Ziegler, Martha. "A Parent Perspective." Pps 85-96. Ibid.

3. February 14th: Assessment and program planning. Public Law 99-457.

We will observe a toddler on VCR and write an IFSP.

Readings for next class.

Greenspan. Pps. 1-48

4. February 21st. People with Special Needs . We will discuss how a child with special needs impacts on the family, the community and society.
Guest Lecturer: Barbara Abel.
Video of children in a mainstreamed daycare.

Readings for next class:

Connor, Frances, Gordon Williamson and John Siepp: Cps. 5 in: "Program Guide for Infants and Toddlers with Neuromotor and other Developmental Disabilities." Teachers' College Press. New York. 1978.

or:

Finnie, Nancy. Handling the Young Cerebral Palsied Child at Home. Cp. #3 'Movement'. Sunrise books. New York, 1975
Finnie, Nancy. Cps. 11 and 17. On Play and Carrying. Ibid.

Williamson, Gordon. "Motor Control as a Resourse for Adaptive Coping". In: September 1988 issue of Zero to Three.

5. February 28th. Intervention with Motorically Impaired Youngsters. We will look at the developmental characteristics of motorically impaired children. (Please bring in a rag doll.) VCR slides.

Readings for next class:

Musselwhite: Cps. 1 + 2 and 3 in "Adaptive Play for Special Needs Children". College Hill Press. San Diego, California. 1986.
Greenspan: Pps. 49-111

6. March 7th. Play!
We will examine how play can facilitate motor development.
Task analysis of fine motor activities will be demonstrated.
Organization and the concept of a 'Proximal Zone of Development.'
*A slide presentation of intervention in the mainstreamed daycare.

Readings for next class:
Lorna Wing: Cp. 4 in 'Autistic Children' Citadel. 1980.
Victor Bernstein: "Dramatic Responses in a Safe Place: Helping Parents to Reach Difficult Babies." In Zero to Three September. 1988.

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Allen, Doris, L. Mendelson and I. Rapin. "Syndrome Specific Remediation in Preschool Developmental Dysphasia." From: J. French, et. al., (eds) Child Neurology and Developmental Disabilities: Baltimore: P. Brooks. 1988.

Sally Smith: Chapter 2. "Immaturity and the need for organization". In "No Easy Answers." Bantam Books. 1979

Alan Fleishman: "The Immidiate Impact of the Birth of a Low Birth Weight Infant on the Family." In: Zero to Three. April 1986

7. March 14th. Sensory characteristics of some children with special needs.

A case presentation of a child with Autism, and discussion of this and related disorders.

The special challenges of prematurity.

Readings for next class:

Fraiberg, Selma. "Intervention in Infancy: A Program for Blind Infants." In: Exceptional Infant. Vol. 3 Assessment and Intervention. Ed. B. Friedlander.

James Chalfant and Margaret Schliefferlin: "Visual Processing" In: Central Processing Dysfunctions in Children: A Review of Research. U.S. Department of Health, Education, and Welfare. National Institute of Health. Bethesda. Md. 20014 1969.

8. March 21st. Visual difficulties in children with special needs.

We will explore various visual problems and talk about the development of blind children.

Readings for next class:

Daniel Stern: Cp. 1 in The First Relationship. Harvard University [illegible] 1977

Patricia Dukes: "Developing Social Prerequisites to Oral Comm[illegible] In: Social Development of Exceptional Children. Aspen. 1982

9. March 28th. Non verbal communication. The beginning of social awareness, and the precursor for learning.

*A class activity will explore non-verbal interaction.

Tactile kinestetic learning will be demonstrated.

Readings for next class:

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Hand-out on speech sound development.
Carol Barach: 'Help Me Say It'. Cp. 4 New American Library. N.Y. 1984
Maureen Garvey: Chapter on Speech Therapy. In: Helping Clumsy Children. Eds: Neil Gordon and Ian McKinlay. Churchill Livingstone. New York 1980
Greenspan: Pps. 113-153

10. April 11th. Auditory difficulties in special needs children
Films on education of the deaf.
Readings for next class:
Susan Watkins: "Effects of hearing loss on symbolic thought. "Developing Cognition in Young Hearing Impaired Children. Project 'SKI HI' Utah State University. 1983
Stanley Greenspan: Representational Capacity. Pps: 155-214

11. April 18th. Problems with developing symbolic language.
Symbolic play in handicapped youngsters.
The emergence of representational drawing in handicapped youngsters.
Film on language development.
Readings for next class:
Sally Smith: The need to Learn How to Learn. In: No Easy Answers. The Learning Disabled Child at Home and at School. Bantam Books. New York. 1979
Judy Howard, Leila Beckwith, Carol Roding and Vicki Kropenske. "The Development of Young Children of Substance-Abusing Parents: Insights from Seven Years of Intervention and Research. In Zero to Three. June 1989.

12. April 25th. Learning disabilities.
*Guest: Toby Polanco will present a social deve[illegible] learning disabled students.
The challenge of meeting the needs of drug exposed [illegible] families.

Readings for next class:
Reuven Feuerstein: Chapter 4 in: Instrumental Enrichment. University Park Press. 1980

13. May 2nd. Cognitive Impairments.

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We will look at specific cognitive impairments and examine how a cognitive deficit impeedes general development.

14. May 9th. Class discussion of the impact of impairments on social emotional development of both the child and his family.

Assignments:

I. Reaction Log: As you read either 'The Siege' or 'Loving Rachel' write down your reactions to the descriptions of the childs behaviors; give a sense of the mother's temperament and describe how she copes and adjusts; describe the family's reaction and adjustment. Also write down how the family attempts to help the child and what kind of help they get from the community and professionals. What type of support was most helpful and why?
If you have read these books you can read either 'Yesterday's Child' by Helene Brown or 'Sunrise' by Barry Neil Kaufman.

II. Task Analysis: Do a task analysis of three of the following tasks, one from each group: List the required behaviors in the order they occur. Make lists rather than writing an essay.

A
1. Stacking 8 blocks on top of each other.
2. Snipping a piece of paper with scissors.
3. Inserting a circle, a square and a triangle into a formboard.
4. Turning pages of book singly.
5. Stringing three one inch beads.
6. Folding a piece of paper to put into an envelope.

B
1. Pushing a chair across the room.
2. Going down a slide in a seated position.
3. Climbing up a vertical ladder.
4. Riding a tricycle around an obstackle.
5. Sitting up from a crawling position.
6. Throwing a large ball.

C
1. Sucking from a straw.
2. Blowing out a candle.
3. Chewing a carrot.
4. Drinking from a cup.
5. Eating soup with a spoon.
6. Imitating 'MaMa'.

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III. Research paper on the impact of a disability on the social and emotional development of the child and his/her family.
Choose a specific diagnosis and describe the expected behavior manifestations. Research the literature on the social-emotional effects of this disability. Include research and your own thoughts about maternal and familial adjustments.
If you have access to a specific child and his/her family you can make it a case study.

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JEANNE CHARLES, MSW, PT

DEPARTMENT OF PHYSICAL THERAPY

NEW YORK UNIVERSITY

Prof. Charles teaches in the Physical Therapy Department at New York University. This program grants a Masters degree in Physical Therapy. There is some course content and practicum experience in infancy and early intervention in the Masters program.

Background

Prof. Charles has her Masters degree in social work and a Masters degree in Physical Therapy. She is certified in both Physical Therapy and Social Work. Prof. Charles has been on the faculty at New York University for 2 years in the Department of Physical Therapy. Prior to that she was a physical therapist in Oregon. She also has a small private practice in the New York Metropolitan area.

She teaches courses dealing with policy, developmental delays and supervises students in practicum.

Motivation

Prof. Charles has a long history in working in early intervention programs. Prof. Charles received a brochure describing the Higher Education Faculty Institute and decided to participate in the one held in July, 1991. She was motivated to participate in the Higher Education Faculty Institute because she wanted to integrate the principles of early intervention into her curriculum so that the information could be useful in her teaching. She also listed an important motivating factor as wanting the opportunity to discuss best practice issues in early intervention with other faculty in contrast to discipline specific discussions of principles of early intervention.

Program Description

The graduate program in physical therapy at New York University leads to the M.A. or Ph.D. degrees and is open to physical therapists who are graduates of accredited physical therapy programs or their equivalent.

According to the New York University catalogue, the M.A. degree program offers the physical therapist an opportunity to prepare for a career specialization within physical therapy through the acquisition of clinical,leadership, research, and administrative skills. A thesis article suitable for publication in a professional journal is required of master's candidates. The master's program offers two specializations: developmental disabilities and kinesiology.

The specialization in developmental disabilities prepares the licensed physical therapist for leadership roles in the management and treatment of developmentally disabled individuals. This 36 credit program develops expertise in three areas: the theory and practice of neurorehabilitation; administration and supervision; and research. The specialization provides both classroom and clinical experience. Students study neurobehavioral and biomechanical sciences as well as administration, communication, and research. Students also learn to develop treatment strategies including neurodevelopmental treatment; proprioceptive neuromuscular facilitation; Rood, Feldenkrais, and Vojta Techniques; positioning; inhibitive casting; adaptive equipment; and joint mobilization. The program can be completed in one year of full-time study or part time over a longer period.

The specialization in developmental disabilities also offers a work-study option in which full-time students elect to work with mentally and physically handicapped individuals.

Courses for the M.A. degree in Physical Therapy with a specialization in Developmental Disabilities (PTM) are as follows:

- Developmental Disabilities: Introduction for Physical Therapists (3 credits)
- Physical Therapy Management of Developmental Disabilities I and II (8 credits)
- Clinical Practice in Developmental Disabilities I and II (2 credits)
- Analysis and Synthesis of Human Motion I and II (6 credits)
- Research in Physical Therapy I and II (6 credits)
- Independent Study (1-6 credits)

Follow-up Contacts and Goals

Prof. participated in al four days of the Higher Education Faculty Institute, July 8, 12, 19, 22 1991. Dr. Lippman provided follow-up for the following year. Prof. Charles and Dr. Lippman met individually seven times at New York University for follow-up and once in a joint meeting with her colleague from the New York University Speech and Language Department, Ms. Anne Karpel Freilich who also participated in the Higher Education Faculty Institute.

FIRST FOLLOW-UP MEETING

The first follow-up meeting was held at New York University on September 11, 1991. The discussion at this meeting focused upon Prof. Charles's two primary goals for follow-up for the year:

1. to bring information about best practice in early intervention to the interdisciplinary team at the School of Education, Nursing, Health and Arts Professions (SENHAP) of which she was a member.
2. to add material on best practice in early intervention into her courses

Prof. Charles was to write a memo for the members of the interdisciplinary team regarding "best Practice" in early intervention with the hope that they could to begin to conceptualize some of their goals.

SECOND FOLLOW-UP MEETING

The next follow-up meeting was scheduled for the following week, on September 17, 1991 to review the memo. After some discussion of some of the points of the draft of the memo the following was sent to the members of the team:

The following summarizes some of the important points regarding best practice in early intervention and how these practices relate to personnel preparation:

1. Early intervention service delivery models should be family focused and developmentally appropriate for the infant or child.
    a. PT and OT entry level programs are medical model oriented and spend little time on family focus in service delivery
    b. Entry level PT and OT students often focus more on hands-on skill acquisition rather than family/therapist interaction
    c. Special educators usually do not have in depth knowledge or early childhood education yet too often work with at risk and delayed infants and toddlers
    d. Often educational curriculum offered by these people is not developmentally appropriate
    e. issues and practices in early intervention for PT's and OT's may be best addressed at the graduate level
2. Early intervention programming should take place in integrated settings
3. A team model with parents as active team members is best practice

   - a. Students in all disciplines need to have knowledge of team concepts and basic communication skills
   - b. Students of all disciplines seem to have a minimal exposure to students of other disciplines thus perpetuating poor team concepts in practice

4. Knowledge of pertinent federal and state regulations and knowledge of the historical context of this legislation is necessary for early intervention personnel
   - a. Often forms and curriculum are not changed even though they may be inappropriate because staff feel that change is not in line with the law

5. Case management services:
   - a. case management services are outlined in the state's plan for service care delivery and case management has become a new "buzz" word
   - b. how can we integrate the case management concept into personnel preparation?
   - c. is an advocacy/empowerment view of case management services best practice?

Prof. Charles was to bring the course outline for her Clinical Practice Seminar in Developmental Disabilities that she was revising to reflect issues in early intervention to the next follow-up meeting. This course is designed to introduce students to pertinent legislation, regulations, and program design related to programs for the developmentally disabled. Students will analyze programming developed for adults, school aged children, and infants in relation to federal and state legislation. Students will begin to relate program design to legislative guidelines and therapeutic team concepts to program design.

THIRD FOLLOW-UP MEETING

The next follow-up meeting was held on October 28, 1991. At this meeting Prof. Charles had the course outline and had added a session on P.L. 94-142 and PL 99-457, two sessions on team concepts and an analysis of team approach in the student's practice, writing an IFSP and the role of parents on the therapeutic team.

Feedback from the Interdisciplinary Team at SENHAP regarding her memo was positive and the team was beginning to explore the possibility of requesting that there be a Higher Education Faculty Institute held at New York University. Prof. Charles asked Dr. Lippman to attend the next meeting in November to discuss this possibility with the team.

FOURTH FOLLOW-UP MEETING

The next meeting was held on November 18, 1991. Prof. Charles had the final draft of the course outline for her Fall, 1991 Clinical Seminar. The discussion during this meeting focused on the Spring 1992 Clinical Practice Seminar II and how she would be able to build on the work that she had done in the Fall semester regarding early intervention.

FIFTH FOLLOW-UP MEETING

The following meeting was held on January 13, 1992. At this point the second Higher Education Faculty Institute at New York University was in progress for the Interdisciplinary Team and Prof. Charles was participating in this Institute as well.

The discussion for this meeting was various ways in which Prof. Charles could integrate material on IFSP's into her Clinical Practice in Physical Therapy Seminar II for Spring, 1992 semester. Dr. Lippman suggested that Prof. Charles utilize parents to help students understand parent's perspective. Since Barbara Levitz, Parent Coordinator of the Early Intervention staff was to be at the following session of the Higher Education Faculty Institute Prof. Charles was to discuss her concerns with her for possible suggestions.

Prof. Charles was also feeling that her students needed input from faculty members of other disciplines at it was suggested that she invite Dr. Claudette Lefebvre, of the Recreation and Leisure Studies Department at New York University to be a guest lecturer at her class.

SIXTH FOLLOW-UP MEETING

The following meeting was held on February 16, 1992. Dr. Lefebvre had participated in Prof. Charles' class and the feedback on the student evaluations was very positive. They felt that it was important for them to hear from members of other disciplines about experiences in working with parents.

Further discussion was had about the difficulty in having students really understand the IFSP process. They were primarily concerned about having a form to fill out. Prof. Charles was arranging a parent panel hoping that this would help student understand the process of an IFSP.

SEVENTH FOLLOW-UP MEETING

The next meeting was held on March 1, 1992. Prof. Charles and Dr. Lippman reviewed sample IFSP forms that the students had worked on. She divided the class into three groups giving them different forms and asking that they develop an IFSP based upon case study material. She was quite concerned that they appeared to focus more on the forms than on understanding parents needs regarding the actual process of developing an IFSP.

EIGHTH FOLLOW-UP MEETING

The final meeting was held on April 16, 1992. Plans were in place for the parent panel to be held by the last class, May 5, 1992. Parents had been asked to focus on their needs in the process of determining services for their child.

SUMMARY

Both of Prof. Charles' goals for the year of follow-up were met. She did integrate a great deal of information about best practice into her course outlines and will utilize parents in her teaching throughout the upcoming semesters. Additi onally, she was able to raise significant issues relative to best practice in early intervention with members of the Interdisciplinary Team on which she is a member. This resulted in a full Higher Education Faculty Institute being held at New York University. The goals that have been established by this team represents significant progress in the development of an interdisciplinary Post-Masters in early intervention at SENHAP.

NEW YORK UNIVERSITY
PHYSICAL THERAPY DEPARTMENT

Developmental Disabilities E44.2110
Clinical Practice Seminar I Professor:Jeanne Charles

This course is designed to introduce students to pertinent legislation, regulations,and program design related to programs for the developmentally disabled.Students will analyze programming developed for adults,school aged children,and infants in relation to federal and state legislation. Students will begin to relate program design to legislative guidelines and therapeutic team concepts to program design.

At the completion of this course,students should be able to develop and analyze therapeutic programs as they relate to developmental theory and developmental program design.

Class participation	20%
Mid term take home exam	40%
Final take home exam	40%

Sept. 9 Orientation-Sal Longarino/Office of International Students and Scholars and a representative from Graduate Admissions Office

Sept. 16 NYU Medical Library Tour

Sept. 23 Willowbrook Consent Decree,PL 94-142. PL 99-457

Sept. 30 PL 94-142,PL 99-457,Interpretive Guidelines for Intermediate Care Facilities for the Mentally Retarded/ Role of Physical Therapy

Oct. 7 Treatment Team Concepts

Oct. 14 Discussion - Analysis of team approach in student's practice

Oct. 21 Continued discussion/relating team approach to program design

Oct. 28 Discussion-problems in PT practice in relation to the team,looking at team communication

Nov. 4 writing IEP and IHP

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Nov. 11	Writing IFSP
Nov. 18	The role of the parent on the therapeutic team
Nov. 25	Communicating with parents
Dec. 2	Role playing
Dec. 9	Role playing/discussion

TEXTS:

Biklen,Douglas Let Our Children Go-An Organizing Manual for Advocates and Parents

Turnbull,Rutherford and Turnbull.Ann Parents Speak Out

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NEW YORK UNIVERSITY
DEPARTMENT OF PHYSICAL THERAPY

E44.2411 Jeanne Charles
Spring 1992

2 points
Tuesday 5:15-6:15

COURSE DESCRIPTION:

Clinical practice in Physical Therapy Seminar II

GENERAL OBJECTIVES:

To enable students to integrate their knowledge of team concepts, federal/state legislation, program regulations, therapeutic assessment, and therapeutic intervention toward designing functionally appropriate IFSP's, IEP's, and IHP's.

SPECIFIC OBJECTIVES:

1. Exposure to working in small groups and development of team process.
2. Problem solving and discussion of case studies in small groups leading to the development of IFSP's, IEP's, and IHP's.
3. Critical analysis of completed plans. leading toward developing the students ability to plan and analyze a the physical therapist's role in developing the above mentioned plans.

REQUIRED READING:

Dunst, C.; Trivette C., and Deal A. ENABLING AND EMPOWERING FAMILIES - PRINCIPLES AND GUIDELINES FOR PRACTICE , 1988, Brookline Books, Cambridge Mass.

SUGGESTED READING: see bibliography

COURSE REQUIREMENTS:

1. Active class participation	55%
2. Final Project	45%

NEW YORK UNIVERSITY
PHYSICAL THERAPY DEPARTMENT

There were 3 groups of 6 people

E44.2411
Spring 1992

Jan. 28 Introduction/Class Discussion

Feb. 4
Feb. 11 } IFSP DEVELOPMENT
Feb. 18

Feb. 25 - PRESENT IFSP

Mar. 3
Mar. 10 } IEP DEVELOPMENT
Mar. 17 VACATION
Mar. 24

Mar. 31 - PRESENT IEP

Apr. 7
Apr. 14 } IHP DEVELOPMENT
Apr. 21

Apr. 28 - PRESENT IHP

May 5 - WRAP-UP/DISCUSSION

Students were given [illegible] [illegible] and [illegible] IFSP forms. They were asked to choose 1 study and either one of the IFSP forms or a form that they made themselves to write an ISP. During the 1st class students discussed the necessary components of IFSP as mandated by regulation. When students completed the project class discussion centered around comparing their IFSPs to the necessary components & problems they had in writing objectives, evaluating outcomes and the type of form that was used especially in regards to how much involvement families had in the process.

Students also had difficulty with transitioning programs because all were unsure what constituted a "transitioning program". Several students listed steps that would be involved in 'transitioning'. These were used as a basis of discussion re: how to involve families, using other parents for support etc.

Students [illegible] "evaluation" - [illegible] outcomes.

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EARLY INTERVENTION PROGRAM
CHILDREN'S HOSPITAL OF NEW JERSEY
89 PARK AVENUE NEWARK, NJ 07104
(201) 268-8187

ASSESSMENT and FAMILY SERVICE PLAN

Name: Jennifer Owles

Consent for Service/Referral: ______

DOB: 5-15-88

IFSP Effective Date: 4-25-90

MR#: 23 months

Case Manager: James Crane

Child's health status and precautions: Dx- global developmental delays, child's general health has been good. Past history of lethargy secondary to medication, visual concerns and hypotonia are of recent concern. Precaution- seizure precaution under control with medication. Social supports includes husband, Matt and friend Bea.

Eligibility Statement

Jennifer **is eligible for early intervention services due to:**

X **delays in one or more areas of his/her development. (See assessment summary on next page.)**

____ **a medical diagnosis that has a high probability of causing developmental delays.**

______ **is ineligible for early intervention services.**

Early Intervention Services Recommended:

Services		Provider Agency	Frequency/Duration
	EI Program Group/Ind.		
X	**Individual Therapy**	OT, PT, S/L	Each @ 2x/week
X	**Parent Support** [illegible]		
X	**Home Based Instruc.**		As requested
X	**Adaptive Equipment**		**Not Applicable**

Transition Plan included X **Yes** ____ **Not applicable**

Services by other agencies:

Agency	Contact Person	Phone
Pediatrician		
Neurologist		
Social Services		
Opthamologist		

Referral For Further Evaluation: ______

Child's Name: Jennifer Owles **Assessment Date:** 4/25/90

Assessment Summary

Jennifer has made a great deal of progress since her last assessment. Dr. Lock, pediatric neurologist, confirmed that her seizure activity has decreased, which has allowed her to enjoy playing with toys and interacting with new people. Overall, there has been a significant change in the way Jenny moves and in the way in which she uses her muscles. Her interest in interacting with family members and strangers has increased, as has her participation in new experiences (toys, games and textures). She has also improved in her use of eyes and hands together.

Fine Motor

During the assessment, Jenny used several new skills, including sitting independently for a few seconds when placed. While sitting she was able to look around at the items in the room, although she was unable to manipulate objects in that position. She made eye contact with Olivia, her foster mother, and with several of the assessment team members. Jenny's development seems to be influenced by problems with vision and by low muscle tone. Jenny's eyes wandered during the assessment, and her left eye had small horizontal movements (nystagmus). Olivia said she had noticed the same thing at home and that Jennifer's vision is monitored by the opthalmologists at Children's Hospital. Jennifer's eye movements make it difficult for her to focus on small objects, to line items up, or to put items together. Judging distances (depth perception) will improve as she continues to use her eyes together.

Gross Motor

There has been much improvement in the quality of Jennifer's movement. She got up onto her knees several times. Although she did not crawl during the assessment, it seemed as if she was getting to do so. She spent a great deal of the time during the assessment on her stomach, and was able to track items a full 180 degrees from that position. As she visually followed an object, she turned her head and rolled from that position to her back and back to stomach. She was able to track the object horizontally and vertically. Currently, Jenny enjoys being on her stomach on the floor. Her reduced strength in her head and upper body (trunk) affect her movement in and out of sitting. Using her arms to prop herself in sitting interferes with Jennifer's ability to play with objects using both hands. Even when supported in sitting, Jenny can't maintain a firm grasp on objects and has a difficult time controlling her movements. As her back and front muscles get stronger Jennifer will develop the trunk strength she will need for crawling and walking.

Cognitive

Jenny enjoyed several activities during the assessment and smiled when favorite toys were presented. She seemed to remember where certain toys were placed and tried to move towards them. Playing with toys she could hold was fun for Jennifer, although she had a hard time maintaining a firm grasp on objects. She did pass a block from one hand to the other. She put objects into her mouth using both hands. She put both hands in a container to retrieve an object. She also used her body to trap an object. Jenny enjoyed playing some games and initiated some with Olivia, who reported that Jenny likes to play "Peek-a-boo" and "Pat-a-cake" at home. Jennifer's delays in cognitive development, particularly her ability to imitate, are also related to her lack of mobility. As her motor develpment improves, she will be able to participate more in turntaking activities, give and take games, and games where her action causes a reaction (cause/effect games). As Jenny continues to be interested in what's going on around her and is able to move about to explore, she will learn more about objects and how they are used.

Language

Jenny communicated in many different ways using smiles, eye contact, and sounds. She made several sounds during the assessment, including many vowels "ah," "oh," "a," and "uh," and a few consonants, "g," "k," which are sounds made in the back of a throat. She seems to understand many words, looking at an item discussed and responding to a request when paired with a gesture. When Olivia asked her for a kiss, Jenny moved towards her and attempted a kiss. Olivia and Jennifer knows the names of many common objects in the house and that she knows what many food words mean. When hungary, Jenny communicates her need by smacking her lips together and by moving her mouth and lips. When she drinks from a bottle, she places both hands on the bottle but does not hold it. She tries to grasp the spoon while being fed. Jennifer's reduced trunk strength also affects her ability to control air flow for speech. As Jenny played, her mouth was almost always open. This prevented her from making many sounds like "b," "p," or "m," which require lip closure. Although Jenny used many vowel sounds during the assessment and used them

Child's Name: Jennifer Owels **Assessment Date:** 4/25/90

Assessment Summary

to communicate a great deal of information, she used few consonant sounds. Jenny used no gestures during assessment, and the only gesture that Olivia has observed is Jenny smacking or moving her lips when she wants to eat. Jennifer has a short attention span and was not interested at looking at books or in other activities that required her attention for more than a few seconds.

Soc/ Emotion Since the change in her medication, the quality of Jenny's movements is much improved, and her level of alertness is greatly improved. She enjoys making a variety of sounds, and she uses them as a way of showing her happiness as well as her frustration. She calms to the sound of Olivia's voice or with physical contact (hugs and kisses). Jenny has a brief attention span during which she likes to play games with family members.

FAMILY STRENGTHS AND RESOURCES

Olivia's daily care of Jennifer has resulted in significant improvement in her health and development. Olivia says that her work schedule is flexible enough to allow her to keep Jennifer's doctor's appointments and that she is interested in remaining involved in Jennifer's early intervention program when her schedule allows.

Olivia says that her husband, Matt, says he likes to play with Jennifer and is more willing to take care of her while Olivia is a work now that her seizures are controlled and she is more interesting to be with. Olivia's friend, Bea, expressed interest in babysitting and having an occassional home visit from the early intervention program for help in learning some new activities for Jennifer.

Developmental Summary: **Chronological Age:** ______

Cognitive 6-9 **month level** **Fine Motor** 6-7 **month level**
Speech/Language 6-8 **month level** **Gross Motor** 4-8 **month level**
Social/Emotional 6-8 **age appropriate** X **not age appropriate** 6-8 mo
Self Help skills 5-6 **age appropriate** X **not age appropriate** 5-6 mo

Check if problem noted:
X **Vision** ____ **Hearing** X **Oral Motor** ____ **Tactile**

CHILD'S NAME Jennifer

SIX MONTH GOALS

FAMILY/EIP TEAM IDENTIFIED NEED /concern	DESIRED OUTCOME / MEASURE	STRATEGIES TO ACHIEVE OUTCOME	TIMELINES BEGIN	TIMELINES ACHIEVED
Olivia is concerned about Jenny's speech; She wants her to use more words	Jenny uses more words to communicate her needs. She consistently uses 5 words appropriately.	Speech Therapy sessions 2x/week with Olivia present. Ongoing suggestions from S.T. to be carried through at home.		
Olivia is concerned with Jenny's feeding and would like to introduce new foods.	Appropriate increase in texture and type of food. Measured by # and type of food eaten.	Set up oral motor assessment; provide information and treatment as needed.		
Olivia wants to participate in infant group but heavy work schedule interferes with this.	Olivia's participation in Jenny's program.	EIP evening group to be offered to allow participation OR provide opportunities for Bea or Matt to attend with Jennifer and offer weekly communication with CM regarding progress		
Olivia would like to persue respite services.	Provision of Respite	Social Worker to begin dialogue with Olivia regarding respite options; community resources; family members		
Olivia would like to involve birth mother in Jenny's program	Birth mother's involvement in program	Social Worker to dialogue with Olivia, birth mother and CPS regarding mother's involvement in program		

CHILD'S NAME Jennifer

FAMILY /EIP TEAM IDENTIFIED NEED /Concern	DESIRED OUTCOME/ MEASURE	STRATEGIES TO ACHIEVE OUTCOME	TIMELINES	
			BEGIN	ACHIEVED
Olivia is concerned with custody issues/adoption	Olivia will obtain needed information and support.	Social Worker to research and address necessary issues with Olivia		
Olivia wants Jenny to have new ways to play with toys	Jenny will play with a variety of toys at program and at home / measured by number of toys played with and ways she activates them.	Implementation of goal at home, and in all aspects of program/therapies. Consultation with Special Educator regarding introduction and carry through of using developmentally appropriate toys. Consultation to include PT input re: proper positioning during use of toys.		
Olivia wants Jenny to learn to walk	Independent Standing/ length of time Independent walking/distance traveled Independent sitting / length of time ring sitting on floor while engaged in play. Independent crawling/ distance traveled Independent transitions: prone ↔ sit pull to stand sit ↔ quadruped	Individualized Physical Therapy sessions 2x/week using NDT-based intervention and ongoing suggestion for gross motor activities at home with family.		

CHILD'S NAME ______________________

FAMILY /EIP TEAM IDENTIFIED NEED	DESIRED OUTCOME	STRATEGIES TO ACHIEVE OUTCOME	TIMELINES BEGIN	ACHIEVED

CHILD'S NAME Jennifer Owles

FAMILY /EIP TEAM IDENTIFIED NEED	DESIRED OUTCOME	STRATEGIES TO ACHIEVE OUTCOME	TIMELINES	
			BEGIN	ACHIEVED
Jennifer will need preschool services after leaving EIP, beginning on his/her thrid birthday	Jennifer will transition to a preschool program that provides appropriate educational and any other necessary related services by his/her third birthday.	(1) Jennifer's family, with EIP assistance, will provide their local school district their child's name and other relevant information at least 120 days before his/her third birthday. (2) With written permission from the family, the EIP will send assessment reports and IFSP's to the school district's Child Study Team. (3) The family will learn about preschool services and their rights to services under the law through the use of parent advocacy resources (e.g. SPAN, Education Law Center), parent-group discussions, workshops given by Headstart, local Boards of Education, etc. (4) The family and EIP case manager will arrange a transition conference. (5) The family and EIP case manager will discuss placement options + the child's service needs. (6) The family will visit preschool setting when feasible. (7) If requested by the family, the EIP case manager and/or other staff will attend the Child Study Team evaluation of their child.		

PARTICIPANTS DEVELOPING AND AGREEING TO CARRY OUT
THIS INDIVIDUALIZED FAMILY SERVICE PLAN:

Matt and Olivia Lain
Parent/Guardian

4/25/90
Date

EIP Team Members:

Andrea

Karen

Fred

Effie

Annette

Other Agency Participants:

6 MONTH IFSP REVIEW

Comments

Reviewed and revised by:

Parent/Guardian Date

Case manager

ne ___

CURRENT DEVELOPMENTAL PERFORMANCE

PARENT DESCRIPTION OF CHILD

Vision Concerns about nystagmus

learing No concerns

ealth Change in meds has resulted in significantly diminished seizure activity and increasing alertness, responsiveness developmental progress.

osture & Movement low tone, improvement in the way that she moves and uses her muscles. Reduced trunk and head strength. Difficulty maintaining firm grasp.

ommunication Knows names of many common objects in the house and the meanings of food words. Communicates by using smiles, eye contact and sounds. Shows happiness & frustration. Only gestures noticed are smacking or licking lips when hungry;

ocial Abilities She is anxious around strangers. Interest in interacting with family members and strangers has increased. Shows increased participation in new experiences (toys, games, & textures). Enjoys playing some games and initiates them with Olivia. Calms to sound of Olivia's voice or physical contact.

ersonal Care Places both hands on a bottle but does not hold it. Tries to grasp spoon while being fed. Tolerance for being handled is still low.

roblem-Solving (Cognitive) Abilities Improved use of eyes and hands. Longer periods of alertness and responsiveness, although attention span is still brief.

CURRENT PERFORMANCE

Mobility	Communication	Personal Care	Social	Play and Leisure	Learning/ Academic

Mark NA for those areas where total independence is not appropriate.

Date: ___ ● Date: ___ ○ Date: ___ ■ Date: ___ ☐

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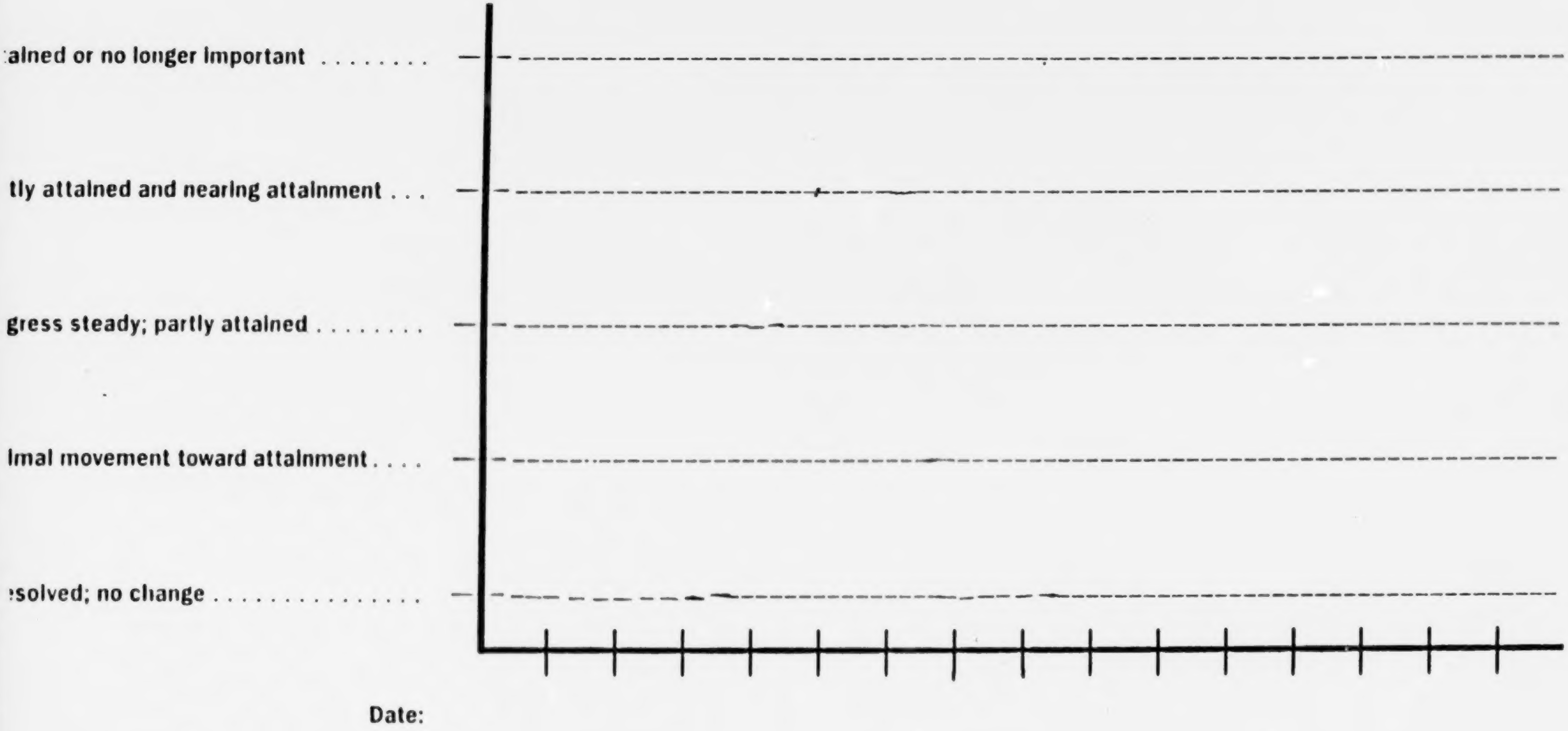
ıme ___

OUTCOME STATUS SUMMARY



:ome #1: ● Communicate with words

:ome #2: ○ Improve feeding skills

:ome #3: ■ Learn new ways to play with toys

Comments

Outcome #4: ☐ Independent ambulation

Outcome #5: ⊙ Provide transition plan to preschool

Outcome #6: ⊕ Assist Olivia in planning schedule to meet Jenny's needs

Comments

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Name Jennifer [illegible]

Outcome # 2   Identified by Olivia Lair (Legal Guardian)   Date 4/25/90

OUTCOME: Olivia wants Jennifer to learn to walk

INITIAL/ REVIEW DATE	FAMILY RESOURCES, NEEDS, CONCERNS	SERVICE/ACTION	LOCATION, FREQUENCY, INTENSITY, DURATION
4/25/90	She has low muscle tone	P.T. will ↑ antigravity	Direct P.T.
	Has ↓ strength in her	muscle strength in	1x/wk 30min
	neck & upper body and	head/trunk & (B) LE's	Home consultation
	it's difficult to control		
	her movements		

INITIAL/ REVIEW DATE	INFANT STRENGTHS AND NEEDS	SERVICE/ACTION	LOCATION, FREQUENCY, INTENSITY, DURATION
4/25/90	Jennifer sits for a few seconds	O.T. & P.T. will help	Direct P.T. 3x/wk (3
	when placed. Able to get	promote sitting	P.T. & O.T. home (1x/wk 30 min)
	up onto her hands & knees	balance	consultation to suggest
	She is motivated to move	P.T. will facilitate	activities to ↑ sitting
623		supported standing	& standing [illegible]

INTERVENTION PLAN

ld's name Jennifer Carlos Date 4/25/90 Plan completed by P.T.

OUTCOME: Would like Jennifer to learn to walk

IJECTIVE #1: Supported standing

SESSMENT NEEDED? ☒ Yes ☐ No

PT time Jennifer tolerates standing

VIRONMENTAL OBSERVATION? ☐ Yes ☒ No

IVICE APPROACH:
☐ PI Compensatory
☐ Remedial ☐ Promotion

VICE MODEL:
☒ Direct ☐ Monitoring X Consultation
☒ Parent ☒ Teacher

ERVENTION STRATEGY: ↑ tone & ↑ antigravity ext. in standing pos in stander

UMENTATION: length of time in pos

625 s̄ fatigue

OBJECTIVE #2: Improve antigravity head & trunk control

ASSESSMENT NEEDED? ☒ Yes ☐ No

time & frequency to hold head & trunk in midline

ENVIRONMENTAL OBSERVATION? ☐ Yes ☒ No

SERVICE APPROACH:
☐ PI ☐ Compensatory
☐ Remedial ☐ Promotion

SERVICE MODEL:
✓ Direct ☐ Monitoring ☒ Consultation
X Parent ☒ Teacher

INTERVENTION STRATEGY: Gross motor activities to challenge trunk/neck strength

DOCUMENTATION: length of time to hold pos

OBJECTIVE #3: Increase LE antigravity muscle strength

ASSESSMENT NEEDED? ☒ Yes ☐ No

Baseline assessment of muscle strength (B) LE's

ENVIRONMENTAL OBSERVATION? ☐ Yes ☒ No

SERVICE APPROACH:
☐ PI ☐ Compensatory
Remedial ☐ Promotion

SERVICE MODEL:
X Direct ☐ Monitoring ☒ Consultation
X Parent X Teacher

INTERVENTION STRATEGY: Various [illegible]'s to promote LE strengthening

DOCUMENTATION: MMT —

antigravity control

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Name Jennifer Cutler

Outcome # 3

Identified by Mom

Date 4/25/90

OUTCOME:	Learn new ways to play with toys

INITIAL/ REVIEW DATE	FAMILY RESOURCES, NEEDS, CONCERNS	SERVICE/ACTION	LOCATION, FREQUENCY, INTENSITY, DURATION
4/25/90	Olivia has some toys at home	Continue to use favorite	O.T. consultation
	for Jennifer but would like	toys at home	to family 1x/wk
	to find new ways to use/play	O.T. will advise family	in home environment
	with the toys	& educate on use	30 min.
		of switch toys	
		educator advise mom. on new ways to play c toys	

INITIAL/ REVIEW DATE	INFANT STRENGTHS AND NEEDS	SERVICE/ACTION	LOCATION, FREQUENCY, INTENSITY, DURATION
4/25/90	Decreased [illegible] activity allows	O.T. will teach cause/effect	P.T. consult c
	her to enjoy playing c toys	& imitation goal & game using switch toys	teacher & family
	Increased participation in new	P.T. will provide adapt.	for use at school &
	toys games. Improved eye/hand coordination. Has difficulty	equip. to promote B.U.E. play in sitting	home. 1x/wk 30 min
	focusing. Has pulled in sitting concept but [illegible]	O.T. will [illegible]	O.T. direct 2x/wk

[illegible]

INTERVENTION PLAN

Child's name Jennifer Owles
Date 4/25/80
Plan completed by P.T.

OUTCOME: Learn new ways to play with toys

OBJECTIVE #1: Promote Ⓑ UE play using adapt. seating equip.

ASSESSMENT NEEDED? ☒ Yes ☐ No
appropriate equip. required

ENVIRONMENTAL OBSERVATION? ☒ Yes ☐ No
areas where adapt. seating can be used

SERVICE APPROACH:
☐ PI Compensatory
☐ Remedial ☐ Promotion

SERVICE MODEL:
☐ Direct ☐ Monitoring ☒ Consultation
☒ Parent ☒ Teacher

INTERVENTION STRATEGY: Ⓑ UE play, promote trunk mvmt., reaching; improve sitting balance—

DOCUMENTATION: Observation – length of time in adapt. seating

OBJECTIVE #2: strengthen Ⓑ UE grasp

ASSESSMENT NEEDED? ☒ Yes ☐ No
assess strength of grip type used to hold objects

ENVIRONMENTAL OBSERVATION? ☐ Yes ☒ No

SERVICE APPROACH:
☐ PI ☒ Compensatory
☐ Remedial ☐ Promotion

SERVICE MODEL:
☒ Direct ☐ Monitoring ☒ Consultation
☒ Parent ☒ Teacher

INTERVENTION STRATEGY: textured materials sponges, rubber etc.

DOCUMENTATION: time to hold onto object and firmness of grip

OBJECTIVE #3: teach cause/effect give and take

ASSESSMENT NEEDED? ☒ Yes ☐ No
O.T. assess. of baseline frequency of activation, imitation, preferences

ENVIRONMENTAL OBSERVATION? ☒ Yes ☐ No
in home & at school

SERVICE APPROACH:
☐ PI ☐ Compensatory
Remedial ☐ Promotion

SERVICE MODEL:
☒ Direct ☐ Monitoring ☒ Consultation
☒ Parent ☒ Teacher

INTERVENTION STRATEGY: switch toys, players, cars

DOCUMENTATION: observation – frequency of activation

4/80

Name Jennifer Curtis

Outcome # 4

Identified by Mom

Date

OUTCOME: Jennie will assist in feeding herself and accept new, solid foods

INITIAL/ REVIEW DATE	FAMILY RESOURCES, NEEDS, CONCERNS	SERVICE/ACTION	LOCATION, FREQUENCY, INTENSITY, DURATION
	Jennie places hands on bottle	Family will offer	Attempt at each
	but needs help in holding it;	bottle for liquids	meal at home
	Olivia, Matt & [illegible] Bea	and spoon for table	
	willing to work c̄ Jennie	foods giving H.O.H. assistance as needed	
		O.T. will explore various	Consultation/home
		bottle shapes and special spoons	visit by O.T.

INITIAL/ REVIEW DATE	INFANT STRENGTHS AND NEEDS	SERVICE/ACTION	LOCATION, FREQUENCY, INTENSITY, DURATION
	Tries to grasp spoon while	O.T. & teacher will	2x/week during
	being fed; communicates	work on grasping	snack in
	when hungry by smacking lips;	skills	PI program
	knows what many food		(15-20 min.)
	words mean; needs to increase lip closure	Sp. therapy	1x/wk. during Sp. therapy (30 min)

INTERVENTION PLAN

Id's name Jennifer [illegible]   Date ____   Plan completed by O.T

OUTCOME: Jennifer will assist in feeding herself and accept new solid foods

JECTIVE #1: Will pick up and hold bottle independently

SESSMENT NEEDED? ☒ Yes ☐ No

Baseline of time hands on bottle & pattern

/IRONMENTAL OBSERVATION? ☒ Yes ☐ No

Conduct assessment at school/home

:VICE APPROACH:

☐ PI   Compensatory
☒ Remedial   ☐ Promotion

VICE MODEL:

☒ Direct   ☐ Monitoring   ☒ Consultation
☐ Parent   ☒ Teacher

:RVENTION STRATEGY: Offer special bottle

UMENTATION: length of time & frequency of bottle holding

OBJECTIVE #2: Will grasp spoon, scoop food & bring to mouth

ASSESSMENT NEEDED? ☒ Yes ☐ No

Baseline - scooping, grasping & bringing to mouth

ENVIRONMENTAL OBSERVATION? ☒ Yes ☐ No

Conduct assessment at school/home

SERVICE APPROACH:

☐ PI   ☒ Compensatory
☐ Remedial   ☐ Promotion

SERVICE MODEL:

☒ Direct   ☐ Monitoring   ☒ Consultation
☒ Parent   ☒ Teacher

INTERVENTION STRATEGY: Offer built up handle spoon, special plate, [illegible]

DOCUMENTATION: frequency of successful grasping & scooping spoon & food

OBJECTIVE #3: Accept & finger feed large foods (crackers)

ASSESSMENT NEEDED? ☒ Yes ☐ No

Baseline of frequency & pattern [illegible]

ENVIRONMENTAL OBSERVATION? ☒ Yes ☐ No

Conduct assessment at school/home

SERVICE APPROACH:

☐ PI   ☐ Compensatory
☒ Remedial   ☐ Promotion

SERVICE MODEL:

☒ Direct   ☐ Monitoring   ☒ Consultation
☒ Parent   ☒ Teacher

INTERVENTION STRATEGY: Offer various crackers of various sizes

DOCUMENTATION: # and types of foods taken

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INTERVENTION PLAN

ld's name Jennifer C. Waters   Date ____   Plan completed by Sp Therapist

OUTCOME: Jennifer will assist in feeding herself and accept new solid foods

JECTIVE #1: Will demonstrate voluntary lip closure around spoon

SESSMENT NEEDED? ☒ Yes ☐ No

Measure duration of lip closure

VIRONMENTAL OBSERVATION? ☐ Yes ☐ No

Conduct assessment in school/home

VICE APPROACH:

☐ PI Compensatory

☒ Remedial ☐ Promotion

VICE MODEL:

☒ Direct ☐ Monitoring ☒ Consultation

Parent ☒ Teacher

ERVENTION STRATEGY: Offer special spoon

UMENTATION: frequency & intensity of closure & removal of food from

OBJECTIVE #2: ____

ASSESSMENT NEEDED? ☐ Yes ☐ No

ENVIRONMENTAL OBSERVATION? ☐ Yes ☐ No

SERVICE APPROACH:

☐ PI ☐ Compensatory

☐ Remedial ☐ Promotion

SERVICE MODEL:

Direct ☐ Monitoring ☐ Consultation

Parent ☐ Teacher

INTERVENTION STRATEGY: ____

DOCUMENTATION: ____

OBJECTIVE #3: ____

ASSESSMENT NEEDED? ☐ Yes ☐ No

ENVIRONMENTAL OBSERVATION? ☐ Yes ☐ No

SERVICE APPROACH:

☐ PI ☐ Compensatory

Remedial ☐ Promotion

SERVICE MODEL:

Direct ☐ Monitoring ☐ Consultation

Parent Teacher

INTERVENTION STRATEGY: ____

DOCUMENTATION: ____

INTERVENTION PLAN

Child's name Jennifer [illegible] Date ________ Plan completed by Speech Therapist

OUTCOME: Communicate with words

OBJECTIVE #1: One word sentences

ASSESSMENT NEEDED? ☒ Yes ☐ No

Baseline of # of words in vocabulary

ENVIRONMENTAL OBSERVATION? ☒ Yes ☐ No

Observe in school and home setting

SERVICE APPROACH:

☐ PI Compensatory
☐ Remedial ☐ Promotion

SERVICE MODEL:

☒ Direct ☐ Monitoring ☒ Consultation
☒ Parent ☒ Teacher

INTERVENTION STRATEGY: identifying familiar objects, food, persons

DOCUMENTATION: # & frequency of appropriate verbalization

OBJECTIVE #2: Improved trunk strength

ASSESSMENT NEEDED? P.T. ☒ Yes ☐ No

Determine time to maintain Ⓘ sitting posture

ENVIRONMENTAL OBSERVATION? ☐ Yes ☒ No

SERVICE APPROACH:

☐ PI ☐ Compensatory
☐ Remedial ☐ Promotion

SERVICE MODEL:

☒ Direct ☐ Monitoring ☐ Consultation
☐ Parent ☐ Teacher

INTERVENTION STRATEGY: Progressive trunk mm strengthening via play, integrated therapy

DOCUMENTATION: Time able to sit Ⓘ s̄ UE support

OBJECTIVE #3: Lip closure

ASSESSMENT NEEDED? ☒ Yes ☐ No

S.T. assessment on baseline ability to maintain lip closure

ENVIRONMENTAL OBSERVATION? ☐ Yes ☒ No

SERVICE APPROACH:

☐ PI ☐ Compensatory
Remedial ☐ Promotion

SERVICE MODEL:

☒ Direct ☐ Monitoring ☒ Consultation
☒ Parent ☒ Teacher

INTERVENTION STRATEGY: facilitating lip closure on objects such as spoon & held c̄ lip closed

DOCUMENTATION: Ease which sounds like "b", "p" or "m" are pronounced

Name Jennifer [illegible]

Outcome # 1.

Identified by Mom

Date 4/25/90

OUTCOME: Communicate with words to express herself

INITIAL/ REVIEW DATE	FAMILY RESOURCES, NEEDS, CONCERNS	SERVICE/ACTION	LOCATION, FREQUENCY, INTENSITY, DURATION
4/25/90	Jennifer's interest in interaction with family members and strangers has increased since the change of medication as has her participation in new experiences. The only gesture observed by Mom is smacking of lips when hungry though she makes some sounds. Laura would like Jenny to communicate with words	Speech therapist will consult c Laura & educator on stimulation, learning of one word sentences	Consultation and parent ed. for carryover to home environment 1X/wk 30 minutes ↕

15 [illegible]

INITIAL/ REVIEW DATE	INFANT STRENGTHS AND NEEDS	SERVICE/ACTION	LOCATION, FREQUENCY, INTENSITY, DURATION
4/25/90	Jenny uses many little sounds and a few consonant sounds to communicate a great deal of information. She appears to have good receptive language. Jenny's decreased trunk strength affects her ability to control air flow for speech. Her [illegible] mouth movement for [illegible] making	P.T. will work on increasing trunk muscle strength. OT & S.T. will work on lip closure & making vocal/verbalization [illegible]	P.T., O.T., S.T. each 3x/wk direct intervention 30 minutes

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SUNNY GOLDBERG, M.A., C.C.C., ED. SPEC./LD

ADJUNCT PROFESSOR

MANHATTANVILLE COLLEGE

EDUCATION DEPARTMENT

Prof. Goldberg is an Adjunct in the Department of Education. Her area of expertise is Special Education. Ms. Goldberg is also a trained Speech and Language Pathologist.

Background

Prof. Goldberg has a Masters Degree in special education and is a certified speech and language pathologist. She has a background in early childhood education, special education, learning disabilities, and speech pathology. She has had formal training focusing on the birth to three population. She has a private practice in Westchester County and has been on the faculty at Manhattanville College for two years.

Motivation

Prof. Goldberg was highly motivated to participate in the Higher Education Faculty Institute. She was primarily interested to gain more information about best practice in early intervention that she could use in her courses and to meet faculty from other disciplines also involved in early intervention. She felt that her curriculun lacks information on early information and therefore the information that she would gain as a result of participation in the Institute would be useful in her teaching.

Program Description

Manhattanville undergraduate students are encouraged to consider teaching as a career. Students may choose to pursue the study of education as a second area by completing 30 credits in education including a semester of supervised student teaching.

Since Manhattanville does not offer an education major, a student who wishes to earn teacher certification must enter the education course sequence before the sophomore year. A prospective elementary school teacher must take:

- Professional Competency I which includes Child Development and Educating Children With Diverse Needs
- Professional Competency II which includes methods courses
- Professional Competency II which is a semester of student teaching.

The Master of Arts in Teaching (MAT) Program at Manhattanville was initiated in 1965. It was designed for graduates of liberal colleges who had little or no teaching experience and no prior academic preparation in education. The current program continues this commitment. It is designed as a competency-based program of study which integrates educational research, philosophy, and psychology with technical training and practical classroom experience to prepare individuals to be competent and creative teachers.

Completion of the program leads to the Master of Arts in Teaching and New York State certification for teaching Elementary N-6; English 7-12; Mathematics 7-12; Science 7-12; Social Studies 7-12; Art n-12; and Music N-12.

Follow-up Contacts and Goals

Ms. Goldberg participated in all four of the Higher Education Faculty Institute, July 8, 12, 19, and 22, 1991. Dr. Bologna provided follow-up from September, 1991 through to July, 1992. Ms. Goldberg and Dr. Bologna met eight times for approximately one hour for each meeting. Ms. Goldberg also attended the large group follow up meetings in November, 1991 but was unable to attend the meeting in February at which the group developed an

IFSP based on case study material. Ms. Goldberg did review this material with Dr. Bologna at length in subsequent meetings.

FIRST FOLLOW-UP MEETING

The first follow-up meeting was held on September 12, 1991. The discussion during this meeting focused on reviewing the goals Ms. Goldberg selected to continue using the material from the workshop in order to enhance and expand the existing program at Manhattanville. Although Ms. Goldberg is adjunct faculty, her ability to effect program change received significant support from the Chair of the Teacher Education department at Manhattanville from the beginning.

At this first meeting, Ms. Goldberg immediately moved into implementing her goals. In the course she was just beginning, one focused on training teachers to communicate effectively with parents, children, and colleagues (Teacher Talk). The information on family directed practice proved most useful as a complement to other material Ms. Goldberg combined in the course outline which is attached. Ms. Goldberg also developed a plan to action to investigate the possibility of developing a diploma program for those interested in developing a specialization in early intervention. The first step involved a meeting with the department chair, Dr. Janet Simon, in collaboration with Dr. Bologna. This would be followed up with a meeting with the college provost.

SECOND FOLLOW-UP MEETING

The second follow-up meeting was held on October 24, 1991. Ms. Goldberg, Dr. Bologna, and Dr. Simon met to discuss the development of a proposal to the provost of the college concerning the addition of courses in the education department that would focus on early intervention. Dr. Simon expressed high interest and enthusiasm for the project but was quick to note the barriers that must be addressed. She noted that the first question of the provost would pertain to the ability of such a program to attract a sufficient number of students to warrant developing a new strand. This obviously related to the issue of financial support for the program. As a test for interest, the group decided to plan a workshop for the summer '92 to investigate the interest in such a program. Ms. Goldberg and Dr. Bologna would design and implement the workshop. Dr. Simon would provide support in relation to brochure printing and distribution and include the workshop as an elective in the summer course offerings.

THIRD FOLLOW-UP MEETING

The third follow-up meeting was held on November 19, 1991. The focus of this meeting was examination of the syllabus Ms. Goldberg was developing for the course she would teach in the spring. The latter dealt with developing program strategies when working with very young children. Again, Ms. Goldberg drew heavily from the material examined during the summer institute and supplementary material Dr. Bologna provided. Ms. Goldberg drew from the work that focused on family directed practice, assessment of young children, and curriculum evaluation. A preliminary outline was developed during this meeting for the summer workshop. The target population were staff in day-care, nursery schools, and public school regular education programs that included very young children with disabilities.

FOURTH FOLLOW-UP MEETING

The fourth follow-up meeting was held on December 16, 1991. During this meeting, the syllabus for the spring course was finalized. Plans and responsibilities for the summer workshop were further delineated. Dr. Simon agreed to provide duplicating services and binders to contain all the workshop materials. Recommendations for the brochure included highlighting the unique perspectives of the information to be shared which included a variety of disciplines. Ms. Goldberg had arranged for a meeting with the provost of Manhattanville to discuss program development in early intervention. It was agreed that she, Dr. Simon, and Dr. Bologna would meet to discuss the response of the provost.

FIFTH FOLLOW-UP MEETING

The fifth follow-up meeting was held on January 22, 1992. Ms. Goldberg, Dr. Simon, and Dr. Bologna met to discuss the outcome of Ms. Goldberg's meeting with the provost concerning expansion of the teacher training program more specifically into early intervention and continued planning for the summer workshop. The provost expressed interest in the expansion but, expectedly, reminded Ms. Goldberg that such expansion would need funding support both from the college administration and student tuition. Ms. Goldberg shared the plans to run a summer workshop to test the waters in terms of interest. It was agreed that the request for expansion would be taken under advisement by the college.

The planning for the summer workshop included collecting mailing lists, setting time frames, particularly for brochure development, printing, and distribution, and solidifying the rationale for the workshop so that it could be articulated effectively in the brochure. The consensus of the planning group was to reach out to the variety of staff working with young children in educational settings. This group would be offered the opportunity to come together to examine the development of program strategies across the disciplines working with young children identified in need of special education.

SIXTH FOLLOW-UP MEETING

The sixth follow-up meeting was held on February 28, 1992. Ms. Goldberg and Dr. Bologna developed the brochure for the summer workshop and outlined the agenda for class meetings.

SEVENTH FOLLOW-UP MEETING

The seventh follow-up meeting was held on April 1, 1992. The focus of this meeting was to evaluate the implementation of the syllabus for the course in progress and update planning for the summer course. The students had completed assessment projects which Ms.Goldberg shared with Dr. Bologna. Two of the students requested further sources to continue reading research in early intervention. Ms. Goldberg and Dr. Bologna shared bibliographies, texts, articles, and strategies for implementing the summer workshop. The brochures were in press with plans to mail them from the Teacher Education office of Manhattanville.

EIGHTH FOLLOW-UP MEETING

The eighth follow-up meeting was held on June 3, 1992. Ms. Goldberg, Dr. Simon, and Dr. Bologna met to summarize the outcomes for the year of follow-up from the Higher Education Faculty Institute and finalize plans for the summer workshop. Dr. Simon described the year of follow-up as one in which the Teacher Education department developed direction in relation to its training program for those interested in early childhood and early intervention. What had been a haphazard approach to course development and implementation was replaced with a strong philosophical base on which to enhance existing courses and expand the breadth of the program. This was reflected in a contract developed with Ms. Goldberg to continue in her capacity as adjunct in early childhood programs, in continued discussion with the faculty and the provost concerning the needs of teachers coming to Manhattanville for training, and the commitment to the summer workshop. Response was limited (10 registrants) at this point but registration would continue through July just prior to the course dates.

SUMMARY OF FOLLOW-UP MEETINGS

The goals developed by Ms. Goldberg based on her participation in the Higher Education Faculty Institute were all achieved at least to some degree. She successfully integrated the information from the workshop into two existing courses, investigated and continues to follow-up on the expansion of the early childhood program with at least a specific course focusing on early intervention, and plans to continue these efforts with the support of the chair and other faculty in the department.

ED 5232/5233 "Teacher Talk"
Fall 1991
Sunny Yeddis Goldberg

SYLLABUS

SEPTEMBER 11th - Introduction-course overview
Language carries Intent - Importance of "Teacher Talk" and various aspects of it.

Handouts: (1) McCormick, Linda, Schiefelbusch, Richard. Early Language Intervention, pp. 72-105
(2) Gesell & Ilg, Language & Thought

SEPTEMBER 18th - YOM KIPPUR
Make-up by longer class on the 25th - Bring dinner. Will start earlier if possible?

SEPTEMBER 25th - Teacher's discourse - Importance of verbal exchange between teacher and child

Readings:
Blank, M. The Language of Learning: The Preschool Years. pp. 1-21 (Handout)
Blank, M. & Marquis M.A. Directing Discourse - pp. 1-143
Gruenewald, Pollak. Language Interaction in Curriculm and Instruction, pp. 3-15 & 45-55
McKinney J & Feagus L. Current topics in Learning Disabilities, pp. 285-305 (Handout)
Video - Demo - Teacher Discourse by Blank

OCTOBER 2nd - Workshop: Teacher's Discourse - Evaluating Teacher Talk and Facilitating classroom coversation.

Readings:
Perkins, William Ed., Language Handicaps in Children, pp. 83-103 (handout)
Naturalistic Teaching Strategies - pp. 231-258, 413-421 (handout)
Blank, Marquis, - Directing Discourse pp. 144-227
Wallach, G.A. Miller, L. - Language Intervention and Academic Success Chapter 3 pp. 37-56, Chapter 4 pp. 57-64

OCTOBER 9th - How to Talk so Kids Listen/Emotions/Teacher Talk

Readings:

Faber, A. & Mazlish E. How to Talk so Kids Will Listen & Listen so Kids will Talk, pps 1-223 (whole book)
Wlaker Hill M., Walker J. Coping with Noncompliance in the Classroom, pp. 43-61 (handout)
First Teacher, Vol. 12, No. 2 February, 1991 "Feelings"

OCTOBER 16th - Collaberation - What is it and what does it mean to "Teacher Talk"

Observation Papers
Readings:
Seligman, Strategies for Helping Parents of Exceptional Children, Chapter 1 pp. 1-18
Extracurricular Roles & Relationship, pp. 262-296 (handout)
Secord, W. A., Wiig, E. Collaberative Programs in the schools: Concepts, Models and Procedures, Forward ix-x pp's 1-35
McGonigel, M.J., Garland, C.W. Individualized family service plan & the early intervention team (handout)

OCTOBER 23rd - Do professionals communicate with parents and each other - "Teacher Talk" is it stressful to parents?

Readings:
Turnball & Turnball, Families, Professionals, & Exceptionality: A Special Partnership, Chapter 6 & 7, pp. 143-196.
Turnball & Turnball, Parents Speak Out, pp. 3-9, pp. 23-31 pp. 233-242
Seligman, M. Stratragies... Chapter 2, pp. 19-38
Featherstone, Helen "A Difference in the Family Living with a Disabled Child" Chapter 7 pp. 177 - 214

Obeservation papers.

OCTOBER 30th - Parent-Teacher conferences/referral evaluation working with parents as partners

Reading:

Seligman, Strategies, Chapters, 4 & 5, pp. 80-154

Turnbull & Turnbull, Families, Chapters, 9 & 10, 237-303, appendix B, 435-440

NOVEMBER 6th - Parent/teacher conference and workshops

Readings:
Seligman, Strategies, Chapters 6 & 7, pp. 155-205 appendix 206-231
Simpson, Richard L., Conferencing Parents of Exceptional Children, Chapters 6,7,8, pp. 121-182
Lawrence, Gerta & Hunter, Madeline, Parent Teacher Conferencing, pp 61-90

NOVEMBER 13th - Workshops - role-playing conferences with different types of parents

Readings:
Simpson, R.L., Conferenceing, Chapters 11 & 12 & 14, pps, 253-298, pps 331-347
Lawrence, G. & Hunter M., Parent - Teacher Conferencing, pp. 1-47

NOVEMBER 20th - Communication in the Classroom - Parents/Professionals as Partners, Teacher/Aides/Prin/Prof/Parent

Workshop: Team Speakers

Readings:
Turnbull & Turnbull, Families, Professionals, and Exceptionality: A Special Partnership, Chapter 12 & 13 pp. 331-382, Chapter 1 pp. 1-19.
Secord & Wing - Best Practices-Collaberation in Schools "Mutual Empowerment through collaberation: A new Script for an Old Problem" (Handout) "Building Adminstrative support" (handout) "Parents as Partners" (handout) Parents Perspective - (handouts)
Reflection paper

DECEMBER 6th - Report on Books Read/Reflection papers

DECEMBER 11th - Project Presentation/Critique - graded on peer criticism how well using "teacher talk" techniques!

DECEMBER 18th - Project Presentation -FINAL

Ed 5232/5233:
FALL 1991
SUNNY YEDDIS GOLDBERG

"TEACHER TALK" To Facilitate Learning - Ed/Spec. Ed.

This course is designed to facilitate "teacher talk" in the world of the teacher. The course will combine site observations, lectures, interviews, videos, and experiential training with readings selected to enable you to improve teacher discourse in all areas of the field. The emphasis will be on helping students be aware of their own discourse and how it can positively affect relationships with children, parents, professionals and para-professionals they encounter routinely. The end result will be to make their "teacher talk" work to facilitate learning and create a richer, more meaningful language environment.

COURSE REQUIREMENTS:

1. Reading - Do assigned readings in preparation for participating in classroom discussions. In addition, at least one book from recommended reading or article suggestions should be completed and responded to in a reflection/opinion paper.

2. Reflection/opinion papers - a reflection paper is 1-2 pages due by November 20, that focuses on classroom observations or experiences that relate to readings. If possible relate your own observations to that of the readings and discuss similarities and differences of experiences and what led to the discourse you used in handling the situation. You should discuss your feelings about one of the books on the supplemental list and how it was useful to you as a teacher, not just a book report!

3. Submit two reports on observations of ongoing early childhood programs/classes by November 27 - try to participate in parent/teacher conferences, staff meetings, team conference, professional /para meeting - something that prepares you to observe "teacher talk" in two separate scenarios.

4. Group Project - 2-3 people each responsible for interviewing parents, para, teachers, professional, principal, and or children, and analyze what language facilitates learning, open discourse, understanding, good communication, - what changes they'd make in their own approach, best case scenarios, parent/child, parent/teacher, teacher/administration, teacher/staff, teacher/child.

5. Final project - All papers must be typed and presented to class for critique. Examples of choice of topics:

    1) The Professional's Dilemma: Learning to Work with Parents.

    2) Parent-teacher conference - making it work -

what to do and how to make it optimal experience for all concerned.

3) Describe in detail the typical day a teacher might have in any program model - include interaction with children, aides, other teachers, parents, environment, and how teacher's discourse reflects the program philosophy and how it facilitates learning, or retards communication.

4) TV and its influence on teacher discourse and/or child's - current research in field - is, TV a monster or friend to parents and children.

5) Design an early childhood program that exemplifies "teacher talk" to facilitate learning in a regular or special educational setting. Draw on strategies presented in course and readings to develop optimal situation and compare it to your present teaching environment or one you observed.

6) Design language rich environment that communicates subject matter to handicapped children. Include work with parents being supportive and helping them to gain active involvement in the education of their children.

7) 99-457... Law, Collaboration and Where is the Teacher in this as well as the parent

8) Deal with angry parent, over-protective, set up referrals. Work as a liason - include specific ways of helping parents understand the program, involving them in the program and facilitating home/school communications.

9) Making and presenting video on good/bad "teacher talk" i.e. teaching words for feelings, keeping teacher discourse appropriate and expectations on target - or use an existing video to present your argument for your paper.

10) Partners in the classroom - Professional Development for Teachers and aides. Develop techniques for strengthening teacher aide partnerships and maximizing language production for child in their classrooms - share experiences and activities to develop the approrpiate discourse for this interaction.

11) Research paper of particular interest in regard to "teacher talk" and facilitating learning - to be discussed with professor before writing.

COURSE OBJECTIVE:

By the end of the term students who have participated in the course will be expected to:

1. Understand a model of discourse representing a dialogue situation that involves both teacher and child.
2. Identify and describe proper teacher discourse that leads children to stimulate their thinking and facilitate learning and responding.
3. Students will show evidence that they understand & know sequence of language and communication development.
4. Describe and know naturalistic teaching and direct teaching strategies for facilitating "child talk"
5. Identify and give specific examples of proper procedures for parent conferences and progress reporting - showing awareness of manner of communication and content of communication.
6. Be able to describe ways in which classrooms & daycare environments can be modified to provide a richer, more meaningful language environment.
7. Describe methods for communicating with parents and involving them as partners in the education of their children.
8. Understand the importance of teacher, professional, para-professional, collaboration to maximize potential of child and how best to communicate as teacher with all disciplines and people involved in child's life.
9. Understand the dynamics of being an effective teacher and how important the ability to communicate and use "teacher talk" appropriately in all situations can be in facilitating the best climate for learning.

REQUIRED BOOKS:

Blank, Marion & Marquis, M. Ann, Directing Discourse, Tucson, Arizona Communication Skill Builders, 1987.

Faber Adele & Adele & Elaine Mazlish, How To Talk So Kids Will Listen & Listen So Kids Will Talk, New York Avon Books, 1980

Sligman Milton, Strategies for Helping Parents of Exceptional Children. New York, The Free Press, 1979

Turnbull, Ann P. & Turnbull H. Rutherford, Families, Professionals and Exceptionality: A Special Partnership, Columbus, Merrill Publishing. 1991

All required readings that are from sources other than the required books are on reserve in the library for your convenience.

My working COPY

Room 17 -

Syllabus ED 5310
Wednesdays 4-6:30
Spring 1992
Sunny Yeddis Goldberg

THE YOUNG CHILD WITH SPECIAL NEEDS

This is a course that has been developed to give the teacher of young children with special needs information that can facilitate learning to maximize potential. Assessment, curriculum, and intervention will be addressed, as well as communication with parents and collaboration with other professionals. An introduction to PL 99-457 and the national policy agenda serving young children with special needs and their families will also be incorporated into the course.

COURSE OBJECTIVES

Upon completion of this course, students will be able to:

1 Recognize normal early childhood developmental patterns in the following areas: language and thought, growth and development, socio-emotional, cognition, and motor.

2 Describe ways young children with special needs differ from the norms in above areas

3 Describe procedures for early recognition of special learning and behavior needs

4 Identify and describe procedures for assessing the educational needs of young children

5 Be familiar with theories of early childhood education relevant to children with special needs

6 Describe and be familiar with ways in which classrooms and daycare environments may be modified to meet special learning and behavior needs

7 Describe ways in which teaching methods and materials may be adapted to meet special learning and behavior needs

8 Be familiar enough with assessment information to be able to help develop an ISFP for young child with special needs

9 Describe current legislation regarding education for young children with special needs

10 Describe methods for communicating with parents and involving them as partners in the education of their children

11 Describe collaboration process and how it works best for the child`

REQUIRED TEXTS:

Bailey,Don & Wolery,Mark ,Teaching Infants and Preschoolers with Handicaps,New York,Merrill Publishing Co.1984.

Cook,Ruth,Klein,Diane,&Tessier,Annette,Adapting Early Childhood Curricula for Children with Special Needs,New York, Merrill Publishing Co. 1992(Third Edition)

Gallager,James,Trohanis Pascal,& Clifford,Richard,Policy Implementation & PL 99-457,Planning for Young Children with Special Needs Baltimore,Brookes Publishing Co. 1989.

AUXILIARY TEXT:

Bailey,Don & Wolery,Mark Assessing Infants and Preschoolers with Handicaps,New York, Merrill Publishing Co.1989

BEST COPY AVAILABLE

the general population of the school with emphasis on collaborative efforts of professionals.

Projects.will be presented to the class in the final weeks of the course. Presentations should demonstrate a thorough understanding of the literature and utilize a creative format.The oral presentation must be accompanied by a paper that demonstrates the understanding of relevant research on the topic.References to class discussions and readings should be included as well.whenever possible.,

ALL `TOPICS MUST BE APPROVED BY FEBRUARY 26. PLEASE MAKE AN APPOINTMENT TO SEE ME TO DISCUSS YOUR FINAL PROJECT BEFORE THIS DATE!

GRADES

Grades will be determined on the basis of:

Class Participation
Workshop Assignments
Assessment & Curriculum Papers (including oral)
Reflection Paper
Final Project

ALL PAPERS AND ASSIGNMENTS MUST BE TYPED UNLESS OTHERWISE SPECIFIED.

BEST COPY AVAILABLE

READINGS & ASSIGNMENTS :

January 15 Introduction & Overview- What is normal? Who is the child with special needs? Why this course?

JANUARY 22 Fundamentals of Early Intervention, Inclusion and the Law
Readings:
✓Cook-Chapters 1 & 2 (pp 2-50)
Gallagher - Chapters 1,2,& 3 (pp 1-54)
✓Bailey & Wolery (text) Chapter 1 (1-20)
Handout (Aux. text 16 - Play)

January 29 Assessment & Importance in Early Intervention
Readings:
Bailey & Wolery (text)- Chapter 2(25-49)
Bailey & Wolery(aux)- Chapters 1,3,4,(1-18 & 47-95)
Cook-Chapter 4 (pp 109-141)

February 5 Procedural Considerations in Assessment,Screening,Environments,Behavioral & Special Learning Characteristics Guest: Diane Pandolfini BOCES - Quaker Ridge School

Diane P...
Readings:
Bailey & Wolery(text) Chapters 5 &6(97-129)
Bailey & Wolery(aux)Chapters 5,6,10(97-139,225-244)
Workshops:
Assessment of Cognition,Motor,Communication,Social Interaction,Self-Care Skills -Formal/Informal look at Specific Assessment Instruments

February 12 PAPERS DUE ON ASSESSMENT-Oral and written evaluation of formal/informal or both, assessment procedure you were involved in or observed (use Assessment outline as guide to this assignment)

February 26 Children with special needs as learners-adapting early childhood curricula for their needs
Readings:
Bailey & Wolery (text) -Chapters 3 & 4(51-94)
Cook-Chapters 5 & 6 (147-210)
Handout: Instruction in Early Childhood Special Ed.

March 4 Curriculum promoting acquisition and use of sensori-motor,cognitive,and communication skills
Readings:
Bailey & Wolery(text) Chapters 9,10,13,14
Cook-Chapters 9,10

March 11 SPRING BREAK

March 18 Curriculum Continued & NAEYC Position on Developmentally Appropriate Practice in Early Intervention Programs

Readings:
NAEYC-Policies Essential for Achieving Developmentally Appropriate Early Childhood Programs PP 14-58
Bailey & Wolery(text) -Chapters 11,15,&16.
Cook- Chapter 7 & 8
Workshop-Groups set up curricula formal/informal eclectic for child with special needs

March 25 PAPERS DUE ON CURRICULUM-Oral Presentations to be presented in class following ideas given in outline.Look at published curriculum and teacher adapted and compare

April 1 Reflection Papers Due on book that influenced how you look at children with special needs -COLLABORATION AND PARENT INPUT
Readings:
Bailey & Wolery (text) Chapter 8
Cook Chapter 3 & 11
Handout Parents as Partners ,& Building Collaborative Support
SPEAKER: Teresa Bologna,ED.D ,MRI, Project Coordinator, Family Support/Early Intervention

April 8 Evaluation - Putting It All Together
Readings Bailey & Wolery Chapter 3
Handouts Diane Bricker,etc.

April 15 Final Presentations-Example-How the teacher can evaluate the success of her program,method's used,tests,IEP's,informal observation,etc.What are the best methods in evaluation procedures.

April 22 Continued Presentations of Final Projects

OUTLINE FOR ASSESSMENT PAPER

BRIEF DESCRIPTION OF CHILD

RATIONALE FOR ASSESSMENT (SCREENING,REFERRAL,PARENT CONCERN ETC)

METHODS USED FOR ASSESSMENT (INFORMAL/FORMAL OR BOTH)

PROCESS (DESCRIBE WHAT WENT ON-IF CHILD COMFORTABLE,ANIMATED,WHAT THE TESTING SITUATION LOOKED LIKE

PARTICIPANTS-IF TESTER NEW OR FAMILIAR PERSON,WHO PRESENT

DESCRIPTION OF ASSESSMENT TOOLS-FORMAL/INFORMAL OR BOTH,HOW INVOLVED TESTER IS-WATCHING OR PARTICIPATES WITH CHILD

RESULTS OF ASSESSMENT-WHAT DOES THE DATA MEAN AND WHAT IS TO BE DONE WITH THE INFORMATION-WILL THERE BE A FOLLOW UP,WILL TYPE OF INSTRUCTION CHANGE,DIFFERENT GROUP PLACEMENT-IS THERE IMMEDIATE INPUT FROM THE INFORMATION GAINED IN ASSESSMENT

ANY OTHER PERTINENT INFORMATION OBSERVED OR NOTED THAT COULD BE HELPFUL TO THE CHILD'S EDUCATIONAL PROCESS FROM ASSESSMENT

OUTLINE FOR CURRICULUM PAPER

LOOK AT PUBLISHED CURRICULUM NOTE NAME AND CONTENT OF PUBLISHED ITEM

DO YOU PLAN TO USE CURRICULUM STEP BY STEP OR PARTS OF IT

OBSERVE PUBLISHED CURRICULUM AND THE CLASSROOM USING IT-DESCRIBE THOUGHTS ABOUT HOW THE CHILDREN ARE RESPONDING TO IT

IS THE PROGRAM STIMULATING AND WELL RECEIVED BY STUDENTS OR BEING FORCED UPON THEM BY THE TEACHER

IS THE PROGRAM BASED ON A PARTICULAR EDUCATIONAL PHILOSOPHY AND IF SO WHICH ONE

IS THE CURRICULUM TEACHER DEVELOPED OR TAKEN FROM VARIOUS SOURCES AND IF SO HOW SUCCESSFUL IS IT

TEACHER EDUCATION DEPARTMENT
MANHATTANVILLE COLLEGE
2900 PURCHASE STREET
PURCHASE, NY 10577

PLANNING INSTRUCTION
for
ALL YOUNG CHILDREN

Current practice......

Innovative planning...

Classroom strategies..

WHAT WORKS?

Five day workshop - credit/non-credit

Sponsored by:

Teacher Education Department
Manhattanville College
2900 Purchase Street
Purchase, NY 10577

FACULTY:

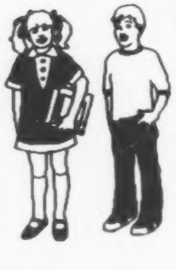
Theresa M. Bologna, ED.D.
Assistant Professor
Director of Early Childhood
Education
Fordham Graduate School of
Education

Sunny Goldberg, M.A., ED.SPEC.
CCC, and Adjunct Lecturer
Department of Teacher Education
Manhattanville College

READY

SET

GO.....



INCLUDING ALL CHILDREN IN EARLY CHILDHOOD PROGRAMS

A FIVE DAY WORKSHOP
credit or non-credit

JULY 13,14,15,16,17, 1992
9 A.M. to 3 P.M.

Sponsored by the

DEPARTMENT OF TEACHER
EDUCATION
MANHATTANVILLE COLLEGE
2900 PURCHASE STREET
PURCHASE, NEW YORK 10577

PURPOSE & PHILOSOPHY

P.L. 94-142 designates the instructional environment for young children as one that naturally occurs. Children with disabilities are first of all children in need of an education. Optimally, this takes place in a collaborative, cooperative atmosphere among regular and special educators, support staff and parents.

THIS WORKSHOP WILL PROVIDE PARTICIPANTS WITH:

- Information about the newest federal guidelines and practices regarding the inclusion of young children with disabilities into regular programs.
- Resources and materials to develop instructional programs in early childhood settings that meet the needs of all children.
- Opportunities to meet with other early childhood educators who are working on developing and providing inclusive early childhood programs.

WORKSHOP PARTICIPANTS

Early Childhood Educators
Early Childhood Special Educators
Administrators
Parents
Graduate Students
Related Service Personnel

WORKSHOP AGENDA

DAY 1: Monday, July 13, 1992

Legislative Mandates
and Common Practices

DAY 2: Tuesday, July 14, 1992

Parents and Professionals
in Partnership:
Collaboration, Consultation,
Teamwork

DAY 3: Wednesday, July 15, 1992

Ecological Inventory and Assessment

DAY 4: Thursday, July 16, 1992

Activity Based Instruction:
Instructional Time Versus Teaching time

DAY 5: FRIDAY, JULY 17, 1992

Ready, Set, Go........
How do you know it works?

Recommended texts, video presentations, and instructional materials will be made available.

REGISTRATION FORM

WORKSHOP FEES:

$360 non-credit
(for those registering before July 7, 1992)

$385 non-credit
(for those registering after July 7, 1992)

$544 for two graduate credits

The fee includes a light breakfast and workshop materials. Textbooks and lunch will be available for purchase.

Registrant information:

Name: ____________________

Home address: ____________________

____

Day phone: ____________________

Evening phone: ____________________

Position: ____________________

Program/School: ____________________

Address: ____________________

____

Please mail completed form with check payable to "Manhattanville College" to:

Dr. Janet Simon, Chair
Teacher Education Department
Manhattanville College
125 Purchase Street
Purchase, New York 10577
Telephone: 914-694-2200, ext. 460

AGENDA: DAY ONE

9:00 - 9:30	INTRODUCTION OF FACULTY AND PARTICIPANTS
9:30 - 9:45	OVERVIEW OF THE WEEK
9-45 - 10:30	THEORETICAL AND LEGISLATIVE BACKGROUND FOR INCLUDING CHILDREN WITH DISABILITIES IN INSTRUCTIONAL PLANNING FOR ALL CHILDREN IN EARLY CHILDHOOD SETTINGS.
10:30 - 10:45	BREAK
10:45 - 11:15	HELLO, MY FRIEND, A VIDEO PRESENTATION DEPICTING EARLY CHILDHOOD PROGRAMS THAT INCLUDE YOUNGSTERS WITH DISABILITIES.
11:15 - 12:00	DISCUSSION OF CLASSROOM PRACTICE AND THE IMPACT OF LEGISLATION.
12:00 - 12:45	LUNCH BREAK
12:45 - 1:30	DEFINITION OF COMMON PRACTICES. PARTICIPANTS WILL HAVE THE OPPORTUNITY TO EXAMINE EXISTING PROGRAMS IN SMALL GROUP DISCUSSIONS.
1:30 - 3:00	PRESENTATION OF RECENT EFFORTS TO DEVELOP MODELS FOR INCLUSION IN LOCAL SCHOOL DISTRICTS.

ASSIGNMENTS: DAY ONE

1. READINGS: DAY ONE

REQUIRED:

BRICKER, D. & CRIPE, J. J. (1992) AN ACTIVITY-BASED APPROACH TO EARLY INTERVENTION. BALTIMORE: PAUL H. BROOKES. CHAPTERS 1, 2, AND 3.

BREDEKAMP, S. (ED.) (1987) DEVELOPMENTALLY APPROPRIATE PRACTICE IN EARLY CHILDHOOD PROGRAMS SERVING CHILDREN FROM BIRTH TO 8. WASHINGTON, DC: NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN.

RECOMMENDED:

HEBBELER, K.M., SMITH, B., & BLACK, T.L. (1991). FEDERAL EARLY CHILDHOOD SPECIAL EDUCATION POLICY: A MODEL FOR THE IMPROVEMENT OF SERVICES FOR CHILDREN WITH DISABILITIES. EXCEPTIONAL CHILDREN, 58(2), 104-112.

SALISBURY, C. (1991). MAINSTREAMING DURING THE EARLY CHILDHOOD YEARS. EXCEPTIONAL CHILDREN, 58(2), 146-154.

STRAIN, P. (1990). LRE FOR PRESCHOOL CHILDREN WITH HANDICAPS: WHAT WE KNOW, WHAT WE SHOULD BE DOING. JOURNAL OF EARLY INTERVENTION, 14(4), 291-296.

2. EACH PARTICIPANTS WILL DEVELOP TWO TO THREE GOALS THAT THEY PLAN TO ACHIEVE BY THE END OF THIS WORKSHOP. WRITE THE GOALS AND PREPARE TO SHARE YOUR RATIONALE WITH THE GROUP IN THE A.M. OF DAY TWO.

AGENDA: DAY TWO

9:00 - 9:15	OVERVIEW OF THE DAY
9:15 - 9:45	SHARING OF GOALS FOR THE WEEK
9:45 - 10:30	WORKING WITH FAMILIES
10:30 - 10:45	BREAK
10:45 - 11:00	TEAMS IN ACTION, PART I: A VIDEO PRESENTATION OF A TYPICAL IEP MEETING.
11:00 - 12:00	DISCUSSION OF CONSULTATION, COLLABORATION, AND TEAM WORK.
12:00 - 12:45	LUNCH BREAK
12:45 - 1:15	TEAMS IN ACTION, PART II: VIDEO AND DISCUSSION
1:15 - 2:15	PARENT PANEL: PARENT-PROFESSIONAL COMMUNICATION
2:15 - 2:45	DISCUSSION
2:45 - 3:00	WRAP-UP

ASSIGNMENTS: DAY TWO

1. READINGS:

REQUIRED:

SELIGMAN, M. (1979). HOW PARENTS AND TEACHERS VIEW EACH OTHER. IN M. SELIGMAN (1979). STRATEGIES FOR HELPING PARENTS OF EXCEPTIONAL CHILDREN (pp. 19-38). NEW YORK: FREE PRESS.

WINTON, P.J. (1988). EFFECTIVE COMMUNICATION BETWEEN PARENTS AND PROFESSIONALS. IN D.B. BAILEY AND R.J. SIMEONSSEN, FAMILY ASSESSMENT IN EARLY INTERVENTION (pp. 207-228) COLUMBUS: MERRILL.

RECOMMENDED:

SELIGMAN, M. (1979). THE TEACHER AS FACILITATOR. IN M. SELIGMAN (1979). STRATEGIES FOR HELPING PARENTS OF EXCEPTIONAL CHILDREN (pp. 19-38). NEW YORK: FREE PRESS.

MCGONIGEL, M.J. & GARLAND, C.W. (1988). THE INDIVIDUALIZED FAMILY SERVICE PLAN AND EARLY INTERVENTION TEAM: TEAM AND FAMILY ISSUES AND RECOMMENDED PRACTICES. INFANTS AND YOUNG CHILDREN, 1(1), 10-21.

TURNBULL, A. & TURNBULL, H.R. (1990). FAMILY PARTICIPATION IN DEVELOPING THE IEP. IN A. TURNBULL & H. R. TURNBULL, FAMILIES, PROFESSIONALS, AND EXCEPTIONALITY: A SPECIAL PARTNERSHIP, SECOND EDITION (pp. 269-303) COLUMBUS, OH: MERRILL.

2. SUMMARIZE AND ANALYZE A RECENT PARENT MEETING IN WHICH YOU PARTICIPATED. WHAT OCCURRED AND WHAT MIGHT YOU CHANGE? PREPARE A ONE PAGE WRITTEN/ TYPED DOCUMENT.

AGENDA: DAY THREE

9:00 - 9:15	OVERVIEW OF THE DAY
9:00 - 9:45	SHARING OF PARENT-PROFESSIONAL CONTACTS
9:45 - 10:30	THE ASSESSMENT PROCESS
10:30 - 10:45	BREAK
10:45 - 12:00	TYPES OF ASSESSMENT FOR INSTRUCTIONAL PLANNING
12:00 - 12:45	LUNCH BREAK
12:45 - 1:45	AN EXAMPLE OF THE ECOLOGICAL ASSESSMENT PROCESS
1:45 - 2:45	GROUP ACTIVITY: DOING AN ECOLOGICAL ASSESSMENT
2:45 - 3:00	WRAP UP

ASSIGNMENTS: DAY THREE

1. READINGS

REQUIRED:

BAILEY, D.B. & WOLERY, M. (1992). AN ECOLOGICAL FRAMEWORK FOR EARLY INTERVENTION. IN D.B. BAILEY AND M. WOLERY, TEACHING INFANTS AND PRESCHOOLERS WITH DISABILITIES, SECOND EDITION. (pp. 63-94). NEW YORK: MERRILL.

BRICKER AND CRIPE, CHAPTERS 5, 6, 7, 8.

2. WRITE UP THE ECOLOGICAL ASSESSMENT YOU WORKED ON IN THE GROUP TODAY. FEEL FREE TO ADD TO THE WORK BEGUN IN THE GROUP.

AGENDA: DAY FOUR

9:00 - 9:15	**OVERVIEW**
9:15 - 9:45	**REVIEW ECOLOGICAL ASSESSMENTS**
9:45 - 10:30	**INSTRUCTIONAL TIME AND TEACHING TIME: SETTING THE STAGE FOR SUCCESS**
10:30 - 10:45	**BREAK**
10:45 - 12:00	**ACTIVITY-BASED INSTRUCTION: PLANNING FOR ACTION**
12:00 - 12:45	**LUNCH BREAK**
12:45 - 1:00	**DESCRIPTION OF THE GROUP TASK: DEVELOPING A PLAN FOR ACTIVITY-BASED INSTRUCTION FOR AN IDENTIFIED YOUNGSTER**
1:00 - 1:45	**GROUP ACTIVITY: DEVELOPING THE PLAN**
1:45 - 2:45	**SHARING THE PLAN**
2:45 - 3:00	**WRAP UP**

ASSIGNMENTS: DAY FOUR

1. READINGS

REQUIRED:

BRICKER AND CRIPE, CHAPTER 9, 10, 11.

BREDEKAMP, DEVELOPMENTALLY APPROPRIATE PRACTICE ...

RECOMMENDED:

CARTA, J.J., SCHWARTZ, I.S., ATWATER, J.B., & MCCONNELL, S.R. (1991). DEVELOPMENTALLY APPROPRIATE PRACTICE: APPRAISING ITS USEFULNESS FOR YOUNG CHILDREN WITH DISABILITIES. TOPICS IN EARLY CHILDHOOD SPECIAL EDUCATION, 11(1), 1-20.

NORRIS, J.A. (1991) PROVIDING DEVELOPMENTALLY APPROPRIATE INTERVENTION TO INFANTS AND YOUNG CHILDREN WITH HANDICAPS. TOPICS IN EARLY CHILDHOOD SPECIAL EDUCATION, 11(1), 21-35.

2. WRITE UP THE ACTIVITY BASED INSTRUCTION DEVELOPED BY THE GROUP. FEEL FREE TO CRITIQUE.

AGENDA: DAY FIVE

9:00 - 9:15	OVERVIEW OF THE DAY
9:15 - 9:45	REVIEW OF ACTIVITY-BASED INSTRUCTIONAL PLANNING
9:45 - 10:30	HOW CAN WE TELL IF THE STRATEGIES WORKED? PROGRAM EVALUATION: FORMATIVE OR ON-GOING
10:30 - 10:45	BREAK
10:45 - 12:00	HOW CAN WE TELL THE STRATEGIES WORKED? PROGRAM EVALUATION: SUMMATIVE OR "END".
12:00 - 12:45	LUNCH BREAK
12:45 - 1:00	DESCRIPTION OF GROUP TASK: EVALUATING THE ACTIVITY-BASED INSTRUCTION PLAN DEVELOPED THE DAY BEFORE IN GROUP.
1:00 - 1:30	GROUP TASK: DEVELOPING METHODS TO ASSESS THE INSTRUCTIONAL PLAN.
1:30 - 2:00	SHARING OF EVALUATION SCHEMA
2:00 - 3:00	EVALUATION OF THE GOAL OUTCOMES. DID I ACHIEVE THE GOALS I DEVELOPED ON MONDAY? WHAT CAN I BRING BACK TO MY PROGRAM?

ASSIGNMENTS: DAY FIVE

1. READINGS

REQUIRED:

BRICKER, D. (1986). A LINKED ASSESSMENT-INTERVENTION EVALUATION APPROACH. IN D. BRICKER, EARLY EDUCATION OF AT-RISK AND HANDICAPPED INFANTS, TODDLERS, AND PRESCHOOL CHILDREN. (pp. 335-367). GLENVIEW, IL: SCOTT FORESMAN.

2. FOR CREDIT:

SUBMIT A WRITTEN STATEMENT OF GOALS AND EVALUATION.

DID YOU ACHIEVE THEM?

YES? NO?

WHY?

WHAT WILL YOU BRING BACK TO YOUR PRACTICE?

ASSIGNMENT FOR CREDIT

BASED ON A YOUNGSTER WITH A DISABILITY:

1. DO AN ECOLOGICAL ASSESSMENT AND DEVELOP GOALS FOR INSTRUCTION;
2. DEVELOP AN ACTIVITY-BASED INSTRUCTIONAL PLAN FOR THE CHILD;
3. DEVELOP AN EVALUATION PLAN TO DETERMINE IF THE GOALS WERE ACHIEVED.

CHECKLIST TO HELP YOU DEFINE YOUR PROGRAM

1. MOST OF THE TIME, CHILDREN IDENTIFIED IN NEED OF SPECIAL EDUCATION SERVICES RECEIVE INSTRUCTION:

WITH THEIR AGE-MATES____________________

IN SPECIAL EDUCATION CLASSES_____________

IN RESOURCE ROOM________________________

OTHER__________________________________

2. THE STAFF WHO PROVIDE INSTRUCTION ARE:

SPECIAL EDUCATORS_______________________

REGULAR EDUCATORS_______________________

RELATED SERVICE STAFF____________________

3. OF THE ABOVE, DO THEY HAVE SPECIFIC TRAINING IN EARLY CHILDHOOD?

	YES	NO	DON'T KNOW
BACHELOR OR MASTER LEVEL TRAINING			
INSERVICE TRAINING			
ON THE JOB TRAINING			

4. HOW IS IT DECIDED THAT A CHILD WILL RECEIVE INSTRUCTION WITH THEIR AGE MATES?

5. HOW IS IT DECIDED THAT A CHILD SHOULD RECEIVE INSTRUCTION IN IN A SPECIAL EDUCATION ENVIRONMENT?

6. WHAT IS THE ROLE OF THE FAMILY IN MAKING THESE DECISIONS?

7. CAN YOU IDENTIFY A TEAM OF PEOPLE WHO WORK WITH A YOUNGSTER? WHO MAKES UP THIS TEAM?

8. IS THEIR TIME SET ASIDE FOR THE TEAM TO MEET AND PLAN ON A REGULAR, PLANNED BASIS? WHO FACILITATES THIS?

9. HOW WOULD YOU DESCRIBE YOUR PROGRAM'S PHILOSOPHY ABOUT PROVIDING INSTRUCTION FOR CHILDREN WITH SPECIAL NEEDS ALONG SIDE THEIR TYPICAL AGE-MATES?

10. HOW WOULD YOU DESCRIBE YOUR PHILOSOPHY ABOUT PROVIDING INSTRUCTION FOR YOUNGSTERS IDENTIFIED FOR SPECIAL EDUCATION SERVICES ALONG WITH THEIR TYPICAL AGE-MATES?

ANDREA KRAUSS, OTR/L, C.S.W.

DEPARTMENT OF OCCUPATIONAL THERAPY

TOURO COLLEGE

SCHOOL OF HEALTH SCIENCES

Andrea Krauss has been on the faculty of Touro College for three years. She holds the rank of Assistant Professor in the Department of Occupational Therapy. Touro College is a Jewish-sponsored independent institution of higher and professional education. The College was established primarily to enrich the Jewish heritage, and to serve the larger American community. About 6,500 students are currently enrolled in the various schools and divisions of Touro.

The Barry Z. Levine School of Health Sciences offers a degree in Occupational Therapy leading to the BS/MA degree. This program is registered by the New York State Education Department and was eligible for accreditation by the American Occupational Therapy Association in 1991.

Background

Prof. Krauss holds a Masters in Social Work from Adelphi University and a B.S. from New York University. She is currently enrolled in a Doctoral program at Adelphi University in Social Work. Her dissertation will focus on the needs of infants and toddlers with disabilities and their families. Prof. Krauss has taught courses in human development, developmental delays, families and children with special needs. Prof. Krauss teaches a course in Pediatrics and an elective Pediatric Seminar.

Motivation

Prof. Krauss was recruited for the first Higher Education Faculty Institute through her participation in the Regional Planning Groups in Nassau/Suffolk County. She was sent a brochure describing the Institutes and participated in the Higher Education Faculty Institute held on July 8, 12, 19, 22 1991.

Prof. Krauss indicated that the following criteria were very important in her decision to participate in the Higher Education Faculty Institute:

- She wanted to become better informed about national issues in early intervention
- She wanted to become better informed about best practices in early intervention
- She wanted to be able to infuse best practice of early intervention into her curriculum and expected that the information gained would be useful in her teaching
- She wanted to meet higher education faculty in other disciplines.

Program Description

The curriculum for the Occupational Therapy Program at Touro College is designed to provide an education in occupational therapy that begins with a strong foundation in basic social sciences. The program curriculum concentrates its first year on basic science courses, with the introduction of occupational therapy and practice. The first year also emphasizes two semesters of psychosocial studies. After this sequence of coursework, the student begins to apply the knowledge base to practice during the first Fieldwork II placement.

The second year of the curriculum builds on the knowledge base already acquired. Coursework is designed to add information on abnormal processes. Theory and practice courses continue to foster the integration of knowledge and clinical practice.

The final year provides for advanced theory and practice courses in areas of special interest. The student begins to develop areas of interest and expertise within the diversity of occupational therapy through graduate-level coursework. Other concepts and skills emphasized in the final year include the completion of a research project, the refinement of administrative and diagnostic skills, and the enhancement of skills in analyzing and synthesizing theory and practice.

Throughout the curriculum, there is a close correlation between theory and practical application in the classrooms, laboratories, and clinics. The program includes a variety of teaching methods, including lectures and discussions, laboratory practice, seminars, student presentations, and conferences. Competency and proficiency are determined by written, oral, and practical examinations, as well as by student presentations and projects. Upon successful completion of the third year and a thesis, the student is awarded a B.S. degree in Health Sciences concurrent with an M.A. degree in Occupational Therapy.

Follow-up Contacts and Goals

Prof. Krauss participated in all four days of the Higher Education Faculty Institute, July 8, 12, 19, 22 1991. Dr. Lippman provided follow-up for the following year. Prof. Krauss and Dr. Lippman met individually 5 times for 2 hours each meeting during the following year. All meetings were held in Prof. Krauss's office at Touro College, Dix Hills, New York. Prof. Krauss was unable to attend the follow-up group meeting held on November 11, 1991 but did attend the follow-up group meeting held on February 7, 1992 for participants of the first Higher Education Faculty Institute. At this session the agenda was the development of the IFSP utilizing case study material. Prof. Krauss was able to use this material in her Pediatric Seminar taught Spring, 1992.

FIRST FOLLOW-UP MEETING

The first follow-up meeting was held at Touro College, Dix Hills, New York on September 26, 1991. At this meeting goals for follow-up were identified for the year. There were two primary goals discussed:

1. The inclusion of early intervention material into course curriculum in Pediatrics for Fall, 1991. Prof. Krauss discussed areas that she wanted to focus on and it was agreed that an outline would be ready for the next meeting scheduled for early in October, as the semester was already in progress.

2. Exploration of the possibility of Touro College being an "assessment" site if new EarlyCare legislation was passed. Prof. Krauss was to begin discussion with her department Chair to see if this was a priority of the College.

SECOND FOLLOW-UP MEETING

The second meeting was held at Touro College on October 8, 1991. Prof. Krauss had revised her Pediatrics course which introduces the student to the various roles Occupational Therapists assume in pediatrics. Students in this course learn about multiple causes, issues and effects of abnormal development, acute and chronic medical conditions as it related to pediatric occupational therapy. The first session of the course was expanded to include material on the history of early intervention and P.L. 99-457. Session two includes information about team functioning and the occupational therapists role as case managers on the team. Session 4 was expanded to two sessions dealing with Family Involvement and Family Assessment. In this second a discussion of IFSP material is introduced. Session eight, which focuses on early intervention, has a video included addressing the issue of family-directed care.

THIRD FOLLOW-UP MEETING

The third follow-up meeting, held on November 11, 1991 focused on Touro becoming an assessment site. Touro College has building space on the campus which is housed on the grounds of Long Island Development Center that is currently underutilized. After Prof. Krauss' meeting with her Chair it was decided to explore expansion of the program to become an assessment site. There had been a reception at Touro for County legislators to introduce them to the College. Prof. Krauss was preparing a list of those who attended to begin her efforts at networking. Dr. Lippman provided Prof. Krauss with names of New York State Health Department employees who might be able to give her additional information.

FOURTH FOLLOW-UP MEETING

Prof. Krauss and Dr. Lippman met again on February 27, 1992. Prof. Krauss was teaching a Pediatric Seminar during Spring, 1992 semester. This is an elective given in the final semester of the curriculum. Based upon the information from the second group meeting on IFSP development held on February 7, 1992 and materials mailed to Prof. Krauss by Dr. Lippman as a result of telephone conversations held during the month of January, 1992 Prof. Krauss planned on incorporating IFSP development and case management in depth during the semester.

FIFTH FOLLOW-UP MEETING

Dr. Lippman and Prof. Krauss met again on April 2, 1992 to review follow-up goals. Anticipating passage of the EarlyCare legislation before the end of the 1992 legislative session Prof. Krauss had been in touch with Jim Hamilton (OSERS), Frank Zollo (New York State Department of Health) and Sherry Rattiwitz (Day Care Council of Nassau) to get information with respect to funding Touro College Department of Occupational and Physical Therapy as an assessment, training, and research site. Prof Krauss was excited about the support from the administration to explore this possibility.

SUMMARY

Prof. Krauss's participation in the Higher Education Faculty Institute has been helpful in her teaching and in possibly expanding the role of the Departments of Physical and Occupational Therapy at the College in best practice in early intervention. Prof. Krauss will be teaching the Pediatric course again in Fall, 1992 and the Pediatric Seminar in the Spring, 1993. She will continue to use her expanded course outlines to include materials in best practice in early intervention. In addition, Prof. Kraus will review funding sources for the Departments of Physical and Occupational Therapy to become evaluation sites with the expectation that New York State Department of Health will approve Touro as an evaluation site once the legislation goes into effect in July, 1993.

TOURO COLLEGE · BARRY Z. LEVINE SCHOOL OF HEALTH SCIENCES
Building 10 • 135 Carman Road • Dix Hills, New York • 11746 • (516) 673-3200 • Fax (516) 673-3432

BIOMEDICAL
HEALTH INFORMATION MANAGEMENT
OCCUPATIONAL THERAPY
PHYSICAL THERAPY
PHYSICIAN ASSISTANT

JOSEPH WEISBERG, P.T., Ph.D.
DEAN

Family Support / Early Intervention
MRI/Institute For Human Development
Cedarwood Hall Room 425
Valhalla, New York 10595-1689

To: Dr. Carol Lippman and Dr. Theresa Bologna

Re: Higher Faculty Institute of 7/91

June 5,1992

The following changes or additions were implemented in a Peds course I teach as per the enclosed outlines as a result of my attendance this institute:

1. An additional session was added to cover area of family involvement and assessment.
2. IFSP introduced.
3. More elaborate explanation of the current laws for service.
4. Overheads made re: information on different kinds of teams and their functions.
5. The concept of case management; OT's as case managers.

In a pediatric seminar I taught for the first time this past spring (this course is an elective given in the final semester of the curriculum) I incorporated additional information with respect to involvement with families. We also went through some of the different formats for IFSP's (that were distributed at institute), and discussed case management in depth.

We were informed at the higher faculty institute that there is a push to develop assessment sites that are not connected to treatment facilities, as well as a need to have better trained clinicians to perform these assessments. Touro college currently houses both an OT and Pt program here on the grounds of LIDC. I have been in touch with Jim Hamilton (OSERS), Frank Zalo (NYS Dept. of Health) and Sherry Rattiwitz (Day care council of Nassau county), to get information with respect to funding Touro as an assessment, training and research site I will be filling out RFP's in the next month or two as they become available. If this comes to fruition my hopes are to include all the disciplines typically involved, and have students from these areas use the site for training as well.

In addition, I would like to begin a mommy and me program for infants-toddlers and their moms modeled after the mommies and me programs with a focus just on having fun and socialization. I personally feel this would be an enormously important service and if I can't get funding to begin such a program through the college I am considering beginning one myself as a private enterprise.

I was very pleased to have had the opportunity to be part of this institute, you disseminated a lot of important information. It was also very valuable to throw issues around between the different disciplines that attended. All in all I think the people involved in putting this institute together did a very impressive, professional job. THANKS.

Sincerely,

Andrea Krauss

Andrea Krauss, OTR/L,MSW
Assistant Professor

TOURO COLLEGE
OCCUPATIONAL THERAPY PROGRAM

OT 215 PEDIATRICS

Instructor: A. Krauss, OTR, CSW — Credits: 3

Office Hours: By Appointment — Fall 1990

RATIONALE:

Occupational Therapy has always had a place in the habilitation and rehabilitation of the pediatric population; this role now has expanded with recent laws mandating early intervention and mainstreaming. Modern medical technology has also broadened the horizons of Occupational Therapy, by saving lives and identifying infants and children at risk. With nearly one-third of all Occupational Therapists working with children, pediatrics is an essential area of practice knowledge.

DESCRIPTION:

This course will introduce the student to the various roles Occupational Therapists assume in pediatrics. Students will learn about the multiple causes, issues and effects of abnormal development, acute and chronic medical conditions (including orthopedic and neuromuscular conditions), as it relates to pediatric occupational therapy.

OBJECTIVES:

Upon Completion of the course students will:

1. Learn the roles and functions of occupational therapists in pediatrics;
2. Learn about the psycho-social effects of handicapping conditions on children and their families;
3. Learn about the processes and effects on development and role performance of physical, developmental, cognitive and psycho-social diseases and conditions prevalent in childhood and adolescence;
4. Understand the concept of "assessment" in pediatric practice;
5. Be able to a general problem analysis for all conditions covered, which will reflect and integration of knowledge about pediatric disabilities, normal and abnormal development and goals of Occupational Therapy Intervention; and,

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OBJECTIVES: (Continued)

6. Discuss ethical, regulatory and practical issues related to pediatric O.T. practice.

REQUIRED TEXT:

Pat Nuse Pratt and Anne Stevens Allen, OCCUPATIONAL THERAPY FOR CHILDREN, 2nd Ed. (St. Louis: C.V. Mosby, 1989)

SUPPLEMENTAL TEXTS:

A. Jean Ayres, Ph.D., SENSORY INTEGRATION AND THE CHILD, 9th printing, (WPS Los Angeles, Calif. 1989)

Nancie R. Finnie FCSP, HANDLING THE YOUNG CEREBRAL PALSIED CHILD AT HOME, (EP Dutton, NY 1975)

COURSE REQUIREMENTS & GRADING:

3 Exams	60%
Final (cumulative)	20%
Class Assignments	20%

SCHEDULE:

CLASS#	TOPIC	ASSIGNMENT
1	Introduction to the class and course requirements; overview of outline.	
	Occupational Therapy in Pediatrics	ch. 1, 2
	Review early reflexes	
2	Review normal dev't & early reflexes	ch. 3, 4
	Pediatric health care	ch. 5
	Diagnostic problems	ch. 6
3	OT in Peds	ch. 7
	Family involvement	ch. 8
4	Assessment	ch. 9 - 12
5	EXAM #1	
	Generic O.T.	ch. 13, 14
	VCR tape on normal and abn. hand dev't and function	
6	High risk infants	ch. 18
	Early intervention	ch. 19

SCHEDULE: (Continued)

CLASS#	TOPIC		ASSIGNMENT
7	Cerebral Palsy		ch. 20
		Finnie pgs.	1 - 68
8	EXAM #2		
	Mental Retardation		ch. 21
	Communication problems		ch. 22
9	Sensory dysfunction and learning disabilities		ch. 23
10	Orthopedic conditions		ch. 24
	Burns		ch. 25
	Visual & hearing impairment		ch. 26
11	EXAM #3		
	Emotional & Behavioral disorders		ch. 27
	Death and dying		ch. 28
12	OT in school system		ch. 29
	private practice		ch. 30
	evaluation & research		ch. 31
13	Review		
14	CUMULATIVE FINAL EXAM		

TOURO COLLEGE
OCCUPATIONAL THERAPY PROGRAM

OT 215 PEDIATRICS

Professor: A. Krauss, OTR, CSW　　Credits: 3

Office Hours: By Appointment　　Fall 1991

RATIONALE:

Occupational Therapy has always had a place in the habilitation and rehabilitation of the pediatric population; this role now has expanded with recent laws mandating early intervention and mainstreaming. Modern medical technology has also broadened the horizons of Occupational Therapy, by saving lives and identifying infants and children at risk. With nearly one-third of all Occupational Therapists working with children, pediatrics is an essential area of practice knowledge.

DESCRIPTION

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OBJECTIVES

Upon completion of the course students will:

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3. Learn about the processes and effects on development and role performance of physical, developmental, cognitive and psycho-social diseases and conditions prevalent in childhood and adolescence;

4. Understand the concept of "assessment" in pediatric practice;

5. Be able to do a general problem analysis for all conditions covered, which will reflect an integration of

knowledge about pediatric disabilities, normal and abnormal development and goals of Occupational Therapy Intervention; and,

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Martha K. Logigian and Judith D. Ward, A TEAM APPROACH FOR THERAPISTS - PEDIATRIC REHABILITATION (Little, Brown and Co.,1989)

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COURSE REQUIREMENTS AND GRADING

3 Exams	60%
Final (cumulative)	20%
Class Assignments	20%

SCHEDULE Thursday 9:00-12:00

CLASS	TOPIC	ASSIGNMENT
9/5	Introduction to the class; course requirements. Occupational Therapy in Pediatrics Review early reflexes	ch.1,2
9/12	Review normal dev't & early reflexes Pediatric health care	ch.3,4 ch.5
9/19	Diagnostic problems OT in Peds	ch.6 ch.7
9/26	Family Involvement	ch.8 articles
10/3	Complete Family Inv.	articles
Assessment	introduce IFSP	ch.9

2 sessions instead of one (as 1990)

* add ses: hx + current laws for services

O.T. / dif. typ of teams + how [illegible] function

OT + case mgmnt

10/10	EXAM #1	
	Generic OT	ch.13
	video abn. hand func.	
10/17	Finish Generic OT	ch.14
	High Risk Infants	ch.18
	video	articles
10/24	Early Intervention	ch.19
	video-NICU	articles
	one of tapes I show is one c̄ families response	
10/31	Cerebral Palsy	ch.20
		Finnie pg.1-68
		articles
11/7	EXAM #2	
	Mental Retardation	ch.21
	Communication Problems	ch.22
		articles
11/14	Sensory ~~dysfunction~~ and learning ~~disabilities~~	~~ch.23~~
11/21	Orthopedic conditions	ch.24
	Burns	ch.25
	Visual & Hearing Impairment	ch.26
12/5	Emotional and Behavioral Disorders	ch.27
	Death and dying	ch.28
12/12	EXAM #3	
	School System	ch.29
12/19	Private Practice	ch.30
	Evaluation and Research	ch.31

HAVE A AHPPY AND HEALTHY HOLIDAY!

1/16 Cumulative FINAL EXAM

MODIFIED GENERAL PROBLEM ANALYSIS FORMAT

1- Age

2- Sex

3- Life and Occupational Roles

4- Problem

5- Critical elements of development and role performance at this period of life:

6. Common definition and description of presenting problem:

7. Potential disruptions of performance:
    - Sensory-intregrative
    - Motor
    - Cognitive
    - Emotional
    - Social
    - Developmental tasks
    - Occupational role performances

8. Areas indicated for occupational therapy assessment:

9. Suggested procedures:

10. Possible goals for Occupational Therapy intervention:
    - Long Term (at least two please)
    - Short Term (to support your long term goals)

11. Activities, toys, games you might use for your short term goals.

TOURO COLLEGE
OCCUPATIONAL THERAPY PROGRAM

OT 215 PEDIATRICS

Professor: A. Krauss, OTR, CSW　　　Credits: 3

Office Hours: By Appointment　　　Fall 1991

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10/3	Complete Family Inv.	articles
Assessment		ch.9

* add session
hx + current
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O.T. / dif. types
of teams +
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OT + case mgmnt

2 sessions
instead of
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introduce IFSP

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		Finnie pg.1-68
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11/7	EXAM #2	
	Mental Retardation	ch.21
	Communication Problems	ch.22
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11. Activities, toys, games you might use for your short term goals.

DR. HELEN LERNER

ASSOCIATE PROFESSOR

DEPARTMENT OF NURSING

LEHMAN COLLEGE

Dr. Helen Lerner is a Professor of Nursing at Lehman College. Dr. Lerner is particularly interested in maternal and child health issues.

Background

Dr. Lerner has a RN and a Ed.D. She has been teaching nursing for 21 years. Dr. Lerner has had formal training focusing on the birth to three population and has authored articles on the role of the nurse in early intervention. She is a member of the CUNY faculty committee that is studying issues related to early intervention.

Motivation

Dr. Lerner was motivated to participate in the Higher Education Faculty Institutes in order to learn more about best practice in early intervention in order to infuse the material in courses. She was also interested in meeting other faculty from different disciplines who are interested in issues related to early intervention.

Program Description

The Lehman College master of science program in nursing educates nurses for a wide range of career opportunities and for doctoral study in nursing. Graduates of the program become independent practitioners, clinical apecialists, patient and/or staff educatorss, supervisors, and/or directors of nursing.

The 40 credit curriculum may be completed in three semesters of full-time study or a longer period of part-time study. Students elect one of three teacks for their course of study:

- Child/Adolescent
- Young/Middle Adult
- Older Adult

Within the chosen track, students explore specific areas of interest. These include, but are not limited to:

- client and family-oriented intervention in oncological nursing
- medication compliance and the hypertensive client
- intervention with developmentally disabled children from disadvantaged homes
- home care for acute and chronic illness

FOLLOW-UP MEETINGS AND GOALS

Dr. Lerner participated in three of the four days of the Higher Education Faculty Institute that met July 8, 12, 19, and 22, 1991. Dr. Lerner worked along with Dr. Bologna during the follow-up year. They met six times with each meeting lasting one hour. Dr. Lerner attended one of the group follow-up meetings in February, 1992. This meeting focused on the development of an IFSP based on case study material.

FIRST FOLLOW-UP MEETING

The first follow-up meeting was held on August 8, 1991. During this first meeting, Dr. Lerner and Dr. Bologna clarified Dr. Lerner's goals developed during the Institute. Dr. Lerner was interested in including the material from the workshop in the present curricula for nurses in training by bringing the information to existing course work. She anticipated sharing the information with the nursing faculty during their monthly meetings to generate an awareness of the need for more of the faculty to incorporate the information concerning P. L. 99-457 and its implications for nursing practice and training. Of particular interest to Dr. Lerner was the concept of family directed practice and interdisciplinary team process. In order to expand her own base of knowledge, Dr. Lerner also requested direction toward an analysis of Heidi Als work in examining the usefulness of developmental care plans in the neonatal intensive care unit. Since all the students rotated through a NICU during their practicum, this information could easily be included in existing seminars.

SECOND FOLLOW-UP MEETING

The second follow-up meeting was held on September 26, 1991. At this meeting, Dr. Lerner and Dr. Bologna discussed the development of a class covering key issues in early intervention into the course, Health Issues. Dr. Lerner also requested assistance in developing a panel presentation by parents of children with disabilities with a focus on the issues these families deal with in a health care setting. Dr. Bologna contacted the Family Support Group at North Central Bronx Hospital who agreed to come to the student seminar meeting on October 28,1991.

THIRD FOLLOW-UP MEETING

The third follow-up meeting was held on October 28, 1991. Dr. Lerner facilitated a panel discussion by four parents who had children with disabilities. All of the students assigned to seminar and their respective faculty participated (approximately 65 people). The parents very eloquently shared their issues concerning the issues they confronted particularly in relation to the health care system and hospitalizations. Both positive and negative reactions were shard. The students active participation was evident in the extent of questions and comments they shared with the panel, including the students gratitude for the parents sharing of their perspective. Many of the students acknowledged the difference it made in their own perspective by having the opportunity to meet these parents outside of the hospital setting.

FOURTH FOLLOW-UP MEETING

The fourth follow-up meeting was held on November 8, 1991. Dr. Lerner and Dr. Bologna reviewed the students' written evaluations to the parent panel. The majority of responses rated the panel is extremely effective in helping them developing an awareness of the perspective parents bring to their interactions with nurses particularly when their child is in need of acute care. The students regarded this information as key to developing a family centered approach to practice. They requested further opportunity for such a dialogue.

FIFTH FOLLOW-UP MEETING

The fifth follow-up meeting was held on February 26, 1992. The discussion during this meeting focused on Dr. Lerner's experience at faculty meetings as she attempted to share the information from the Institute. Although the faculty fully agreed that the information was important, they also believed that the curriculum was so full already that there was no room for expansion. Each of the interested faculty agreed to try to include some of the material into existing courses. The practicum experience and supervision was the one in which the faculty believed this could be best accomplished. For example, as the students learned to do developmental assessments in clinics and hospitals, they could become familiar with some of the tools recommended at the Institute side by side with the typical material covered such as the Denver and NCAST.

SIXTH FOLLOW-UP MEETING

The sixth follow-up meeting was held on April 8, 1992. Dr. Lerner and Dr. Bologna reviewed the actions taken as Dr. Lerner worked toward completion of her goals. The culmination for Dr. Lerner was her plan to take a years sabbatical. During this time, she will be working with the National Institute of Health on a project targeted at meeting the needs of infants and toddlers living on reservations. This is an opportunity for Dr. Lerner to continue to disseminate the information gathered at the Institute.

SUMMARY OF FOLLOW-UP

Dr. Lerner was successful in incorporating the material from the Institute into her course on health issues. At least one faculty member used the data on P.L. 99-457 and its implications for nurses training in her course on human development. Eighty of the students in practicum along with their supervising faculty attended a panel presentation by parents of children with disabilities. The group described this opportunity as a method to help them develop family centered strategies in their practice. Dr. Lerner will continue to disseminate the information from the Institute during her coming sabbatical year working with the National Institute of Health in relation to the needs of young children living on Indian reservations.

DR. JOAN SHAPIRO

CHAIRPERSON, DEPARTMENT OF PSYCHOLOGY, EDUCATION, SPEECH, LANGUAGE PATHOLOGY AND AUDIOLOGY

MARYMOUNT MANHATTAN COLLEGE

Dr. Shapiro is the Chairperson of the Department of Psychology, Education, Speech, Language Pathology and Audiology at Marymount Manhattan College. This is an undergraduate school granting B.A. and B.S. degrees. Dr. Shapiro also is the Director of the Speech Pathology and Audiology Clinic at Marymount Manhattan College.

Background

Dr. Shapiro has a Ed.D. in Early Childhood Special Education. She is certified in Special Education and has been teaching at Marymount Manhattan for 15 years. Dr. Shapiro's area of specialization is in Reading.

Motivation

Dr. Shapiro was recruited for the Higher Education Faculty Institutes as a result of her participation in the Regional Planning Group in New York City. She was on the first mailing list and was sent a brochure describing the Higher Education Faculty Institutes.

Dr. Shapiro's position at Marymount Manhattan College is an administrative one and her primary motivation in attending the Higher Education Faculty Institute was to become better informed about national issues and best practices in early intervention in order to infuse this information into the curriculum.

Program Description

The Ruth Smadbeck Communication and Learning Center is an interdisciplinary clinical facility housed at Marymount Manhattan College. The Center provides services in speech-language, hearing and reading/learning problems. The Center has state of the art audiologic equipment, such as the ABR and is capable of serving the 0-2 population. Occupational therapy services are not yet available but are under consideration.

Follow-up Contacts and Goals

Dr. Shapiro participated in all four days of the Higher Education Faculty Institute, July 8, 12, 19, 22 1991. Dr. Lippman provided follow-up for the following year. Dr. Lippman and Dr. Shapiro met individually 7 times during the following year for approximately 1 to 2 hours a meeting. Dr. Shapiro attended the follow-up group meeting of February 7, 1992 for participants of the first Higher Education Faculty Institute. At this session the agenda was the development of IFSP's using case study material.

FIRST FOLLOW-UP MEETING

The first follow-up meeting was held at Marymount Manhattan College on September 20, 1991. The purpose of this meeting was to develop project goals for the year. Dr. Shapiro's primary goal was to explore the development of a MA program in early intervention versus a minor concentration on an undergraduate level in early intervention. One major concern about offering a Masters program was the lack of certification in early intervention. Dr. Shapiro felt that the college would not support an initiative of starting a new program that could only attract a limited number of students due to lack of certification.

As a result of this meeting Dr. Shapiro was to:

a. make an appointment with the President of Marymount Manhattan College to explore the various options regarding an early intervention program

b. explore possibility of funding sources for a Masters program in early intervention.

SECOND FOLLOW-UP MEETING

The next follow-up meeting was held on November 19, 1991. Dr. Shapiro did meet with the President of the college and the decision was to develop a 15-18 credit certificate program in early intervention. This program would be offered to Marymount students, as well as to paraprofessionals and professionals in the field who were interested in more specific training in early intervention.

Dr. Shapiro was to develop a needs assessment for review at the next follow-up meeting to be sent to the Early Childhood Centers and asked Dr. Lippman for assistance in getting a list of programs providing early intervention services. Dr. Lippman was able to provide Dr. Shapiro with an extensive list from the Mayor's Office for the Handicapped of a Directory of Programs Serving Children With Special Needs Birth to Five and a guidebook of Family Support Services from Resources for Children with Special Needs.

THIRD FOLLOW-UP MEETING

On Dec. 2, 1991 Drs. Shapiro, Lippman and Prof. Lamm Warburg, Assistant Professor of Occupational Therapy at Columbia University and another Institute participant, met to discuss the feasibility of the possibility of collaboration between Columbia University and the Speech and Language Clinic at Marymount Manhattan College as a practicum site for Columiba students. The Speech and Language Clinic at Marymount Manhattan College provides the opportunity to observe "normal" children and Dr. Shapiro and Prof. Lamm Warburg felt that the multidisciplinary potential for students who be helpful. Dr. Shapiro also reported that there was some interest on the part of the Marymount Administration to look into offering a baccalaureate program in occupational therapy. The result of this meeting was:

1. Dr. Shapiro was to talk with the Assistant Dean about the status of the proposed occupational therapy program
2. Prof. Lamm Warburg was to talk with her Chair regarding a letter of intention from Columbia to Marymount regarding the use of the Speech and Language Clinic at Marymount Manhattan as a practicum site for Columbia students.

Ultimately, Marymount Manhattan decided to postpone discussion of beginning of an occupational therapy program until Fall, 1992 and Columbia decided to postpone any action regarding a collaborative agreement until Fall, 1992.

FOURTH FOLLOW-UP MEETING

Dr. Shapiro was unable to prepare the questionnaire for review with Dr. Lippman by the next scheduled meeting on December 9, 1991. She was planning to work on it during the break between Christmas and the Spring semester and would send it to Dr. Lippman for review before their next meeting.

Dr. Lippman received a copy of the proposed needs assessment on February 2, 1992 and discussed it with Dr. Shapiro. The following is the draft:

We are interested in developing a program to train personnel to work with infants, 0-2 years. Our goal is to develop a special interest sequence for paraprofessionals and professionals addressing the history of early intervention, P.L .99-457, IFSP's and family-directed care.

We are interested in receiving information regarding your interest in this program and indication of staff needs. Please complete this questionnaire and return it to me by ________.

Name of site ________________________________

Type of site ________________________________

Staff size ______________________________

Staff consists of the following:

Professional Staff: Give background and number on staff

____

____

____

____

____

Paraprofessional staff:

____

____

____

____

Does your staff have specific training to work with the birth-2 population? ________ Yes ________ No

Please list the interest in or training needs of your professional/paraprofessional staff:

____

FIFTH FOLLOW-UP MEETING

The next follow-up meeting was held on February 17, 1992 to discuss the questionnaire. The primary focus of the discussion of this meeting was to review the questionnaire. A discussion about whether all courses in the proposed sequence could be offered to paraprofessionals, professionals and

Marymount Manhattan College students. Dr. Shapiro was to make some revisions for the next meeting scheduled for March 9, 1992.

SIXTH FOLLOW-UP MEETING

At the meeting on March 9, 1992 the questionnaire was finalized to be mailed by March 30, 1992. In addition, the discussion of the meeting focused on the content and sequencing of courses to be offered in the proposed special interest sequence in early intervention. Courses addressing the history of early intervention, PL 99-457, family-directed care, program implementation were discussed. Dr. Lippman and Dr. Shapiro agreed that it was crucial to provide a practicum experience. Dr. Shapiro felt that this might increase the credits to 18 but that it was crucial to the success of the program.

SEVENTH FOLLOW-UP MEETING

The final follow-up meeting was held on May 14, 1992. Dr. Shapiro had again met with the President of the College in mid-May and based upon their discussion it was decided not to do a mailing of the questionnaire. The President was in support of the creation of a minor or special interest sequence in early intervention to train both professionals across disciplines as well as Marymount Manhattan College students. The following is the proposed sequence of 15-18 credits:

Law/Background of Early Intervention
Infant Development:
Speech-Language
Audiology
Motor
Cognitive
Assessment of Infants
Family-Directed Care

Program Implementation

Practica

The President of the college and Dr. Shapiro decided that further discussion was needed before actual implementation was begun on the project and this was to be their agenda for the Fall, 1992.

SUMMARY

Dr. Shapiro's participation in the Higher Education Faculty Institute helped her conceptualize the development of the special interest sequence in early intervention to be offered at Marymount Manhattan College. While she was disappointed that the program could not begin in the Fall, 1992 semester, as originally planned, she recognized the support of the President of the college and fully expects that final plans for the implementation of the program will begin during the 1992-1993 academic year.

Marymount
Manhattan College
221 East 71st Street, New York, N.Y. 10021-4597
(212) 517-0400 FAX # (212) 517-0413

May 14, 1992

Carol Lippman
Project Coordinator
MRI Institute
Family Support/Early Intervention
Room 423
Valhalla, New York 10595-1689

Dear Carol:

As I mentioned to you in our phone conversation, I have met with the President of the college to discuss the possible development of a minor or special interest sequence in "Early Intervention" to train both professionals across disciplines as well as MMC students.

I have provided her with the following sequence of 15-18 credits:

- Law/Background
- Development
    - Speech-Language
    - Audiology
    - Motor
    - Cognitive
- Assessment
- Family Practice
- Program Implementation
- Practica

She is interested, but we will need more time to discuss in depth.

I will be in touch

Sincerely,

Joan Shapiro, Ed.D.
Chair

ANNE KARPEL FREILICH, M.S., C.C.C./SLP

DIRECTOR, SPEECH PATHOLOGY AND AUDIOLOGY CLINIC

NEW YORK UNIVERSITY

Anne Karpel Freilich is the Director of the Speech Pathology and Audiology Clinic at New York University. She began her position in January, 1992. The Speech Pathology and Audiology Clinic is a practicum site for students in the Speech and Language Masters Program at New York University.

Background

Ms. Karpel Freilich has a M.S. degree and a C.C.C./SLP degree. She is a licensed speech pathologist. Ms. Karpel Freilich worked as a speech pathologist in a home based early intervention program for many years before joining the staff at New York University's Speech and Language Clinic as Director. She continues to have a small private practice in speech and language in addition to her position at New York University. She teaches a diagnostics course in the Masters program in Speech Pathology and Audiology at New York University and supervises students in their practicum experiences. In addition, she is responsible for the administration of the Speech and Language Clinic.

Motivation

Ms. Karpel Freilich was asked by the Chair of the Department of Speech Pathology and Audiology at New York University, Dr. Harriet Klein, to participate in the Higher Education Faculty Institute in July, 1991. As Ms. Karpel Freilich has experience working in early intervention she felt that it would provide her with the opportunity to learn more about best practice in early intervention. Ms. Karpel Freilich felt that she could use the information in enrich the curriculum.

Program Description

The graduate and undergraduate programs in speech-language pathology and audiology are accredited by the New York State Education Department, Division of Professional Licensing Services, and by the Educational Standards Board of the American Speech, Language, and Hearing Association.

These programs provide students with a broad-based and comprehensive education in theoretical and practical aspects of the fields of speech pathology and audiology. Course work, student teaching, clinical practica, and student guidance are designed to facilitate the following outcomes on graduation from the programs:

1. the ability to integrate academic and field-based experience to make informed diagnostic judgments and to plan and execute a program of therapeutic management for the communicatively impaired

2. the ability to read and make use of past and current research in speech and hearing, to incorporate pertinent findings into clinical activities, and to formulate professional programs of research in needed areas

3. the fulfillment of academic and practicum requirements for licensure by the State of New York on the master's and/or doctoral levels of study, for the state certificate for the teacher of the speech and hearing handicapped on the completion of the bachelor's level of study, and for the Certificate of Clinical Competence awarded by the American Speech, Language, and Hearing Association on completion of the master's degree.

The master of arts degree program in speech and language pathology is fully accredited by the American Speech-Language-Hearing Association (ASHA) and by the New York State Professional Licensure Board.

According to the catalogue, the academic goals of the program are:

* to provide a current fund of knowledge and theoretical cases in each of the following areas: Anatomy and physiology phonetics, perceptual phonetics, and acoustic phonetics.

* to provide a current fund of knowledge and theoretical bases in clinically normal communication function, including language and articulation development, voice production, fluency of speech production and audition.

* to provide a current fund of knowledge and theoretical bases of the full range of communication disabilities.

* to provide a current fund of knowledge about the conduct of research, its possibilities and challenges.

* to provide guided experience in critical evaluation of research literature in the field.

* to provide models and other instruction in integration of information and problem-solving skills.

* to promote inquiring approaches to all knowledge bases and research.

The clinical goals of the program are:

* to provide supervised opportunities to observe clinical conduct.

* to provide guided opportunities to practice the development of effective evaluation and rehabilitation plans based on funds of knowledge and theories of clinically normal and disordered communication structures and functions.

* to provide guided opportunities to practice writing effective clinical reports.

- to provide supervised experience in clinical practice with patients who present communication disabilities, based on the knowledge of normal and disordered communication.

The M.A. program requires a minimum of 45 credits as follows:

- Basic, normal processes e.g., Linguistics; advanced phonetics; advanced anatomy, physiology, and neurology; psychology of speech; psychology of language (3 credits)
- Communication disorders e.g., aphasia, language disorders in children, voice, stuttering, phonological disorders, advanced voice, cleft palate, cerebral palsy, motor speech disorders (18 credits)
- Research (3 credits)
- Audiology and aural rehabilitation (6 credits)
- Advanced clinical practicum (9 credits)
- Diagnosis of disorder (6 credits)

Follow-up Contacts and Goals

Ms. Karpel Freilich participated in all four days of the Higher Education Faculty Institute, July 8, 12, 19, 22, 1991. Dr. Lippman provided follow-up with Ms. Karpel Freilich for the following year. Ms. Karpel Freilich participated in the Higher Education Faculty Institute with another colleague from New York University, Ms. Jeanne Charles from the Department of Physical Therapy. Some of the follow-up meetings were held with Ms. Charles and Ms. Karpel Freilich as they identified a joint project within the university for follow-up.

FIRST FOLLOW-UP MEETING

The first follow-up meeting was held with Ms. Karpel Freilich on Sept. 17, 1991. As a new employee of the department Ms. Karpel Freilich was unclear about her role within the Speech and Language Department at New York University and was unclear about her role in developing realistic goals as a result of her participation in the Higher Education Faculty Institute. She was to meet with Dr. Harriet Klein, Department Chair, to clarify her goals as a result of participation in the Institute.

SECOND FOLLOW-UP MEETING

The second follow-up meeting was held on October 28, 1991 for two hours. Ms. Karpel Freilich reported, based upon her meeting with Dr. Klein, that the department would like to offer a 6th Year Certificate Program with a specialization in early intervention. Ms. Karpel Freilich will prepare a draft of a proposed course sequence for the next follow-up meeting.

Ms. Karpel Freilich was also asked to participate in the Transdisciplinary Team at SEHNAP at New York University representing the Speech and Language Department. This team has been meeting for one year to discuss SEHNAP's needs with regards to best practice in early intervention being included into the curriculum of the departments of speech, physical therapy, occupational therapy, early childhood education, special education, recreation and leisure therapy, and nursing.

THIRD FOLLOW-UP MEETING

The next follow-up meeting was held on November 18, 1991. Ms. Karpel Freilich was feeling overwhelmed and unsure of the expectations of her department with regards to the 6th Year Certificate program. She and Dr. Lippman developed a list of issues to be addressed with the Chair:

1. feasibility of writing a grant to fund this program
2. needed resources if Ms. Karpel Freilich is to be expected to do this
3. need to make an appointment with the Office of Sponsored Research at New York University to explore funding sources

FOURTH FOLLOW-UP MEETING

The next meeting was held on January 13, 1992. The discussion of the development of the 6th Year Certificate Program was put on hold as Ms. Karpel Freilich had not had the opportunity to meet with the Department Chair.

The topic discussed at this meeting was a review of early intervention materials needed for a course that Ms. Karpel Freilich would be teaching during the Summer, 1992 session. Readings on IFSP development and role of parents were suggested.

FIFTH FOLLOW-UP MEETING

The next follow-up meeting was held on March 23, 1992 with Ms. Charles. Their roles on the Interdisciplinary Team was reviewed especially with regard to their participation in the second Higher Education Faculty Institute held at New York University in January, 1992. It was suggested by Dr. Lippman that they continue to pursue to goals established as a result of their participation in the first Higher Education Faculty Institute and participate in the planning of the team for follow-up as well.

SIXTH FOLLOW-UP MEETING

Ms. Karpel Freilich and Dr. Lippman met for one hour after the three-way meeting on March 23, 2992. Ms. Karpel Freilich reported that the decision between herself and Dr. Klein was for Ms. Karpel to focus on her duties as Clinic Director and as instructor and not to address the need for grant writing.

SEVENTH FOLLOW-UP MEETING

The final follow-up meeting was held on May 5, 1992. Ms. Karpel had chosen some case material to be used in her course for the Summer, 1992 on IFSP's. Taking a suggestion from Ms. Charles who had a very positive experience with a parent panel discussing IFSP's Ms. Karpel Freilich was trying to convene a group of parents for her summer course.

SUMMARY

While the goals originally set by Ms. Karpel Freilich immediately after the Institute were quite large in scope during the year of follow-up she was able to narrow them down so as to be able to have some success in implementation. Primarily, this can be seen in her the outline that she is preparing for the course she will teach in the Summer, 1992. Since Ms. Karpel Freilich was a participant in the second Higher Education Faculty Institute held at New York University in January, 1992 she will continue to have input into the Speech and Language Department with regard to early intervention issues through the 1992-1993 academic year. As part of the Interdisciplinary Team at SEHNAP Ms. Karpel Freilich will continue to participate in the development of the 10-12 credit Post Master's program in early intervention.

DR. LORRAINE SIEGEL

ASSISTANT PROFESSOR

FORDHAM UNIVERSITY

SCHOOL OF SOCIAL SERVICES

Dr. Siegel is an assistant professor at Fordham University, School of Social Service. As a full time faculty member for the last five years, she teaches courses in the areas of human development with a focus on family relationships. She also coordinates practicum experience for graduate students in first and second year placements. Dr. Siegel's background in social work includes agency experience in mental health and family issues. She has also developed a private practice in social work for families in need of counseling and therapy. Although she is familiar with the development and needs of infants and toddlers, particularly in the area of mental health issues, Dr. Siegel's background in the breadth of information and issues the make up the field of early intervention is admittedly limited.

Background

Dr. Siegel has her D.S.W. from Yeshiva University. She has been a member of the faculty at Fordham University for three years. Prior to that she was the Director of a residential treatment facility for emotionally disturbed children located in Westchester County.

Motivation

Dr. Siegel's primary reasons for participation in the Higher Education Faculty Training Institute were two: to provide her with information about best practice in early intervention that she could, one, include in existing courses in human development and behavior, and, secondly, use to facilitate the expansion of existing curricula at Fordham to encompass the principles of early intervention. Along with these concerns, Dr. Siegel also looked to the Institute to generally expand her knowledge base and afford the opportunity to meet with faculty across the disciplines that work in early intervention.

Program Description

Students are required to take courses intended to provide them with an opportunity to view the field of social work as a whole, and to familiarize themselves with the various methods or means by which effective intervention is achieved. To build a foundation, such students take required courses in four interrelated areas: social policy, behavioral sciences, social research, and social work practice.

In addition, students are required to take field work instruction and participate in an integrative seminar designed to assist the student in integrating the learning of class and field. Field instruction is a very important aspect of social work education. It involves an internship in an organization where the student applies classroom learning and engages in social work practice under close supervision. The foundation field work assignment is one that is designed to help students master the basic skills that constitute the foundation of social work practice.

Follow-up Contacts and Goals

Dr. Siegel participated in all four days of the Higher Education Faculty Institute, July 8, 12, 19, and 22. She met with Dr. Theresa Bologna faculty of the Higher Education Faculty Training Institute six times for approximately one and one half hours each time, from September, 1991 through April, 1992.

FIRST FOLLOW-UP MEETING

The first follow-up meeting was held on September 12, 1991. Initially, Dr. Siegel focused on two avenues: incorporating the information from the institute into the courses in human development and behavior for which she was responsible and, secondly, bringing the breadth of information on early intervention to the Curriculum Committee at the School of Social Service with the intent of requesting the development of a new course. During this first meeting, the discussion focused on the issue of incorporating information into a course of study that already provided a wide breadth of perspective and information to the students. The second piece of this issue recognized the need to inform the social work faculty of the importance of this information in relation to training new social workers. Added to this was the recognition that field placement represented the most viable place for students to expand their experience into the early intervention system. Dr. Siegel, as the coordinator of the student seminars related to field practice, decided to investigate the extent to which students were in placements that were already part of the early intervention system.

SECOND FOLLOW-UP MEETING

The second follow-up meeting was held on October 11, 1991. The participants of the Institute met as a group on this occasion to share the projects they began as follow-up to the summer meetings. Dr. Siegel's concerns that social work faculty perceive early intervention as already incorporated into the existing training courses was shared by other faculty participants. This was complicated by training programs that were already feeling overloaded as they attempted to provide a base of knowledge for professionals in training. The group agreed that the uniqueness of the population served in early intervention combined with the philosophical base of P.L. 99-457 warranted the efforts to expand the horizons of the faculty.

THIRD FOLLOW-UP MEETING

The third follow-up meeting was held on October 15, 1991. Dr. Siegel was successful in bringing the information to existing courses and sharing the information with interested faculty. The request for development of a course specifically focusing on early intervention issues was denied. The Curriculum Committee agreed that the bulk of the material was already included in pieces of a variety of existing courses and did not warrant, at least at this point in time, the development of an entirely new course. The faculty did request the development of a day long presentation focusing on family driven practice as its relates to early intervention and the general practice of social work. Students and faculty would be invited to this presentation.

FOURTH FOLLOW-UP MEETING

The fourth follow-up meeting was held on January 21, 1992. Dr. Siegel, Dr. Grupe, Associate Dean of the School of Social Service, and Martha Bial, Fieldwork coordinator, discussed and planned the February 27, 1992 meeting, for faculty, students and fieldwork supervisors with Dr. Bologna and Dr. Lippman. As a validation of family driven practice, the Fordham faculty agreed that parents of children with disabilities needed to be included on the panel of presenters.

FORDHAM UNIVERSITY MEETING

This meeting was held on February 17, 1993 for two hundred students accompanied by agency representatives and faculty. The subject was family directed care. Presenters were Drs. Lippman and Bologna from the staff of the Higher Education Faculty Institutes along with Barbara Levitz and Linda Caruso, Parent Coordinators.

The feedback from the students and faculty at Fordham as shared with the Fordham faculty was highly favorable. The majority of participants agreed that family's must drive the system. On the other hand, many of the social work students and agency representatives believed that the reality of such practice was often hindered by the complex needs of many of the family systems.

FIFTH FOLLOW-UP MEETING

This meeting was held on March 23, 1992. As further outcome of Dr. Siegel's efforts to infuse the principles of early intervention into social work practice, she requested that Drs. Bologna and Lippman prepare a chapter in a book that the Mental Health Association of Westchester was sponsoring. The focus of the book is collaboration between mental health and education. Drs. Bologna and Lippman will develop a chapter that highlights the efforts specifically in relation to very young children and their families, particularly those children identified as developmentally delayed.

SIXTH FOLLOW-UP MEETING

This meeting was held on April 27, 1992. Dr. Siegel and Dr. Bologna met to discuss the follow-up activities of the Institute. Dr. Siegel noted that the most effective way to incorporate the information that supported the development of qualified professionals to participate in the early intervention system was to include this information in existing programs. To continue with this, she planned to bring this information to a series of training workshops that she organized through Fordham for foster care and child care workers. She requested the opportunity to continue to call on the help of Dr. Bologna and Dr. Lippman to facilitate the inclusion of information into her masters level courses and the workshops she planned for the 1992-93 year.

SUMMARY

Dr. Siegel's intent to incorporate the information from the institute into existing course work in the masters in social work program at Fordham School of Social Service was accomplished. Specifically, the courses in human development and behavior and the seminars relating to field practice included background on the comprehensive, community-based, family directed practice of early intervention for infants and toddlers with disabilities and their families. For the coming year, Dr. Siegel is working towards developing at least one of the workshops for foster care and child care workers from agencies with a focus on early intervention.

CHAYE LAAM WARBURG, MA, OTR

DEPARTMENT OF OCCUPATIONAL THERAPY

COLUMBIA UNIVERSITY

Chaye Lamm Warburg has been on the faculty of Columbia University for two years. She holds the rank of Adjunct Assistant Professor of Occupational Therapy.

Columbia-Presbyterian Medical Center combines a hospital and university setting. The program in Occupational Therapy were established in the 1940's and has over 1,100 graduates of the program. In 1988, two joint degree programs were established with the School of Public Health offering a combined Masters of Science in Occupational Therapy/Masters of Public Health for students at both the professional and post-professional levels.

In addition, the Programs in Occupational Therapy offer two other degrees:

Master of Science in Occupational Therapy (Professional)

Master of Science in Occupational Therapy Administration or Education (Post-Professional)

Background

Prof. Lamm Warburg holds both her B.S. and M.A. degrees from Columbia University. She is currently enrolled in a Doctoral program at Columbia University in Occupational Therapy. Prof. Warburg has taught courses in human development, families, developmental delays and supervises students in practicum. She is licensed as an occupational therapist. Prof. Lamm Warburg teaches a course in Pediatrics and an Advanced Theories of Pediatric Intervention course.

Prof. Lamm Warburg has a private practice in occupational therapy in New Jersey and is a consultant in Pediatric Occupational Therapy at hospital in New Jersey.

Motivation

Prof. Lamm Warburg received a copy of the brochure for the Higher Education Faculty Institute and decided to participate in the first Institute held on July 8, 12, 19, 22 1991. The primary motivating factors that lead to her participation were her desire to integrate the principles of early intervention into the curriculum and because she expected the information to be useful in her teaching.

Program Description

The program in Occupational Therapy at Columbia University is a two year full-time program of classroom work, field work experience, and independent study. The program is planned to enable the student to gain a mastery of knowledge in occupational therapy, and to practice skills and competencies required of the practicing clinician in this field; in addition, the student examines the principles and methods of leadership roles in administration, supervision, education, and the scientific method. Faculty members work with the students as developers of learning environments and as resource people in collaborative problem solving.

The first year of the program and portions of the second year are directed toward development of the clinician role. Opportunities are available to build the desired competencies through two levels of field experience:

Level I clerkships are scheduled each term for a minimum of one full day a week as concurrent experiences with the academic learning of a particular course. Three different patterns are followed, depending on the objectives and/or content of a course:

1. students are assigned individually or in pairs to a facility throughout the term
2. the instructor takes the entire class to a facility where students work with assigned patients/clients
3. students are assigned to a setting where they assume greater responsibility in determining the need for occupational therapy services. Each clerkship pattern is designed to demand sequentially higher skills of application.

Level II practica are scheduled as full-time experiences following completion of academic work for the area of practice and are usually in twelve-week blocks. Level II practica are generally scheduled as full time experiences that must include three months of mental health and three months of physical disabilities.

The completion of the master's degree requires a research project. Faculty-student research teams allow students to work with a faculty adviser on a topic in the adviser's area of interest. During the first year, students are prepared in foundations of research methods and scientific inquiry, as well as practicing reading and evaluating research reports. During the second year, they develop a project in collaboration with a faculty adviser, submit a protocol and carry out the project, analyze data, and report results in thesis format.

Professor Lamm Warburg teaches Normal Human Growth and Development and Occupational Therapy in Pediatrics. In addition she supervises students in fieldwork and collaborates with students doing their research projects.

Follow-up Contacts and Goals

Prof. Lamm Warburg participated in all four days of the Higher Education Faculty Institute, July 8, 12, 19, 22 1992. Dr. Lippman provided follow-up for the following year. Dr. Lippman and Prof. Lamm Warburg met six times during the following year for approximately 1 1/2 hours each meeting. The meetings were held in Prof. Lamm Warburg's office at Columbia University in New York City. Prof. Lamm Warburg attended the follow-up group meeting on February 7, 1992 for participants of the first Higher Education Faculty Institute. At this session the agenda was the development of the IFSP utilizing case study material.

FIRST FOLLOW-UP MEETING

The first meeting with Prof. Lamm Warburg was held on August 12, 1991. There were four follow-up goals discussed:

1. revision of the course outline in Occupational Therapy and Pediatrics to include early intervention material. This course addresses the principles of occupational therapy applied to the child with developmental dysfunction. Emphasis is on neurodevelopmental and sensory-perceptual frames of reference. Concurrent lecture, laboratory, and clinical experience is provided.

2. the addition of an an additional session to the Advanced Theories of Pediatric Intervention on family-directed care. This course is designed to expand the knowledge base of occupational therapists currently working in pediatrics by providing them with the opportunity for critical analysis of new and traditionally used neurophysiological and psychosocial theoretical models of intervention in pediatric occupational therapy. Students are expected to identify theoretical bases for clinical practice, explain the rationale for the practice (including current legislation) and the available theoretical models. Emphasis will be placed on an examination of the change process for each

model, the methods for measuring change, and available efficacy studies. Prof. Lamm Warburg was asking for suggestions of someone who might be a guest lecturer on this topic and it was suggested that she contact Dr. Jim Hinijosa, New York University Department of Occupational Therapy as a guest lecturer.

3. Prof. Lamm Warburg also discussed her concerns about the course in Normal Human Growth and Development which is currently required of all occupational therapy students but co-taught by a faculty member of the nursing department and Prof. Lamm Warburg. This course looks at individual development from conception to death, with exploration of the context of each life stage, its opportunities, problems, and emotions. Attention is given to the interrelationship of individual development with significant evolving institutions such as the family and culture. This interdisciplinary course is designed to utilize each student's independent learning style. Prof. Lamm Warburg feels that it is imperative to add early intervention material to this course. It was decided that Prof. Lamm Warburg would meet with the nursing faculty who teach this course to discuss her concerns about adding early intervention materials to the curriculum.

4. Prof. Lamm Warburg is doing some of her own research on integration and she was interested in possible resources for research for her students. She is looking at integrated versus non-integrated settings for a single case study and asked for resources about measures reported in the literature to compare the two settings. Dr. Lippman was able to provide Prof. Lamm Warburg an extensive bibliography on integration that Prof. Lamm Warburg was able to use with her students doing this research.

SECOND FOLLOW-UP MEETING

The next follow-up meeting was scheduled for November 19, 1991. At this meeting she had a tentative outline for Occupational Therapy in Pediatrics course in which she added two sessions, weeks 7 and 8, focusing on the impact of a disability on the family.The session held on week 11 focused on strategies for intervention. Gordon Williamson was the guest lecturer. Finally, week 15 now is designed to focus on models of treatment: family-directed care, school-based practice and occupational therapy in child psychiatry.

Prof. Lamm Warburg had been given the task to develop a new program for the department; an advanced MA program with a specialization either in early intervention or school-based therapy. In addition to developing a sequence of courses for this program Prof. Lamm Warburg was exploring the possibility of developing a clinic site. She asked Dr. Lippman to arrange a meeting with Dr. Joan Shapiro, another Institute participant, of Marymount Manhattan College to see if a collaborative arrangement was possible between the two schools. This meeting was set for December 2, 1991 at Marymount Manhattan College with Prof. Lamm Warburg, Dr. Joan Shapiro and Dr. Lippman.

THIRD FOLLOW-UP MEETING

The third follow-up meeting was held on December 2, 1991 at Marymount Manhattan College with Prof. Lamm Warburg, Dr. Joan Shapiro and Dr. Lippman. There was a discussion of possible collaboration between Columbia University Occupational Therapy Department and the Marymount Manhattan Speech and Language Clinic to use the Clinic at Marymount Manhattan College as a practicum site for occupational therapy students interested in early intervention from Columbia University. Dr. Shapiro indicated that Columbia University Department of Occupational Therapy would have to request in writing a collaborative arrangement. Prof. Lamm Warburg was to go back to her Chair for clarification.

FOURTH FOLLOW-UP MEETING

The next follow-up meeting was held on February 17, 1992. The focus of this meeting was the ongoing work that Prof. Lamm Warburg was doing on the development of two sequences for the post Masters courses. Prof. Lamm Warburg will present the following to her Department Chair:

1. Four common courses to both the early intervention sequence and the school-based sequence will be:
    a. Theories of pediatric intervention
    b. Families
    c. Team collaboration
    d. Clinical research
2. Courses specific to the early intervention sequence will be:
    a. NICU intervention
    b. Interdisciplinary assessment
    c. family-directed care

FIFTH FOLLOW-UP MEETING

The next follow-up meeting with Prof. Lamm Warburg was held on March 12, 1992. At this meeting Prof. Lamm Warburg reported that she had discussed with her Chair the possibility of a collaborative arrangement with Marymount Manhattan College for practicum site and her Chair decided to delay any action on this until Fall, 1992.

Prof. Lamm Warburg discussed her progress on the development of the Post Masters program and was planning a meeting with her counterpart in the Physical Therapy Department at Columbia to review collaboration since some of the courses are interdisciplinary.

Prof. Lamm Warburg had revised her course outline for the Advanced Theories of Pediatric Intervention. Some additions to this course are the addition of a session on family-directed care and legal aspects of PL 99-457. The course objectives reflect this in the statement that at the completion of the course students would be able to:

1. Provide a rationale for clinical decision making based upon an expanded knowledge base. Select and justify use of an appropriate theoretical model for a specific child taking into consideration the child's psychosocial environment, legislative mandates and the economics of the situation. (The last two were added as a result of time spent in the classroom on PL 99-457).

2. Examine some of the unique problems of infancy and early childhood in relation to:

    a. coping mechanisms
    b. family as an integral part of the rehabilitation team

SIXTH FOLLOW-UP MEETING

The next follow-up visit was held on May 11, 1992. This was to be the final follow-up visit as the semester was about to end and Prof. Lamm Warburg was going to be away from June until Sept. working on her doctoral dissertation.

SUMMARY

While all goals for the year of follow-up were not met, Prof. Lamm Warburg felt positive that some significant changes were made and that the awareness of best practice in early intervention was being addressed within the university. Prof. Lamm Warburg expected that the post Masters program will begin in the Fall, 1992 semester providing that the University could get the brochure printed with adequate time for registration.

Her hope for a collaborative arrangement with Marymount Manhattan College did not materialize but she felt that at least she was able to address the issue of a needed practicum site in early intervention with her Chair.There are plans for ongoing discussion in the 1992-1993 academic year.

Dr. Lamm Warburg did revise the course outline for the courses in Pediatrics that she teaches to more adequately address issues of best practice in early intervention. She will continue to make revisions in the 1992-1993 academic year.

COLUMBIA UNIVERSITY
OCCUPATIONAL THERAPY

O.T. M 6556y
Spring 1991

Instructor:
Chaye Lamm Warburg, M.A., O.T.R.

Occupational Therapy in Pediatrics

OBJECTIVES

This course has been designed to assist you in meeting the following competencies in pediatric occupational therapy:

1) Assess the neuromotor, sensory-perceptual, and cognitive parameters of development that affect a child's level and quality of function.

2) Select and use assessment tools appropriate to the child's needs, analyze the test results accurately, and critically analyze the tool's efficacy in detecting dysfunction, based on its theoretical foundation and psychometric properties.

3) Describe pediatric treatment techniques with regard to: the premises and viewpoints of the proponent's approach; the neurophysiological processes and/or theoretical bases from which they are derived; the terminology and concepts utilized; and the applicability of the procedures to specific problems of developmental dysfunction.

4) Analyze the role of play and exploratory behaviors in normal development, pathology, and treatment applications.

5) Formulate treatment strategies to facilitate skill acquisition in self-care, play, and related developmental tasks.

6) Apply principles of therapeutic positioning and mobility in the selection and fabrication of personal/environmental adaptations.

7) Analyze the special needs of severely and profoundly handicapped populations, and apply intervention strategies from appropriate theoretical models.

FORMAT

1) Weekly seminar: Tuesdays, 11 a.m. to 1 p.m.
   Exceptions: Class will meet Fridays April 12th and 19th from 1-3 instead of Tuesdays April 9th and 16th.

2) Weekly clerkship seminar and lab Mondays 12-1:30 on 1/28 - 2/11, and Mondays 10-12 from 2/25 - 4/29.

3) Weekly clerkship: Thursdays, 9:00 a.m. - 5 p.m. (or regular clinic hours)

TEXTS

Required:

Ayres, A. Jean. Sensory Integration and the Child. Los Angeles: Western Psychological Services, 1980.

Scherzer, Alfred L. and Tscharnuter, Ingrid. Early Diagnosis and Therapy in Cerebral Palsy: A Primer on Infant Developmental Problems ed 2. New York: Marcel Dekker, Inc., 1990.

Recommended:

Pratt, Pat N. & Allen, Anne S. Occupational Therapy for Children, 2nd Ed. St. Louis: C.V. Mosby, 1989.

Connor, Frances P., Williamson, G. Gordon and Siepp, John M. (eds.) Program Guide for Infants and Toddlers with Neuromotor and Other Developmental Disabilities. New York: Teachers College Press, 1978.

REQUIREMENTS

Graded:

1. Two exams: Midterm	25%
Final	25%
2. Oral and written presentation of assessment tool	10%
3. Case Study	25%
4. Class Participation	5%
5. Clerkship	10%

Ungraded: (but necessary to fulfill course requirements)

1. Clerkship log
2. Class attendance
3. Completion of assigned readings

Grading Key

A = 95-100
A-= 90-94
B+= 86-89
B = 82-85
B-= 78-81
C+= 74-77
C = 70-73
Not acceptable = 0-69

CLERKSHIP

The clerkship component of this course has been designed to help you develop beginning therapeutic skills in pediatric clinical practice. You will participate in the evaluation, treatment planning and implementation processes for selected children. The experience will include clinical demonstrations; direct patient handling and therapy; chart review, clinical documentation; and collaboration with hospital personnel. The experiences may vary widely among clinical settings.

The pediatric clerkship will consist of 13 full Thursdays beginning January 24th and ending April 25th. You will not be attending on March 21st (spring break). Attendance for the 13 sessions is mandatory, unless serious illness or unforseen circumstances prevent your participation. Please notify your supervisor and C. Lamm Warburg of any absence.

Dress code is usually casual and neat to allow for movement experiences and pediatric therapy activities. Question clerkship supervisor prior to first clerkship day to verify dress requirements. Student liability coverage is prerequisite to participation in this clerkship.

Due to the closeness of family involvement and, frequently, their physical presence in this setting, your discretion is critical in all verbal interactions.

See clerkship manual for further details.

CLERKSHIP SEMINAR/LAB: The clerkship seminar will take place weekly (with a few exceptions - see course outline). The seminar will serve two purposes: 1. To broaden student perspectives by exposure to a broad variety of issues 2. problem-solving focusing primarily on issues that arise in the clerkship, and are brought to the instructor's attention by the students. Additional content areas will be covered at the discretion of the instructor.

Participation in the lab will include the presentation of 1) an activity analysis of pediatric therapeutic media 2) positioning 3) feeding techniques

ASSIGNMENTS

I. CASE STUDY - due 3/25

A. Evaluation Summary

Prepare 1. a summary of pertinent developmental, medical, social and educational history (see page 1 of Case Study), 2. an assessment of the child's current level of functioning and, 3. Synthesis of your occupational therapy findings. Use the Guidelines for Assessment and Therapy Observations to guide your information gathering, culminating in "VI. Summary."

The evaluation summary may be turned in to instructor on 2/25 for feedback.

The first few weeks of clerkship assignments will assist you in a step-by-step collection of pertinent information.

B. Treatment Plan

Using the form provided for you ("Case Study"), write a concise analysis of treatment goals, including a sample of therapy activities for your child. The plan should be handwritten legibly or typed on the form itself.

Both evaluation and treatment plan need to be reviewed by the clerkship supervisor, commented upon for accuracy of content and signed, before being turned into the instructor. Please leave sufficient time for this to be accomplished.

II. WEEKLY CLERKSHIP NOTES

A. Progress Notes - Beginning 3/7

Beginning 3/7/91, each week, write a concise progress note on one child with whom you have been working, using the format appropriate for daily charting at your clerkship site. Please see "Recording Progress" (in Clerkship Manual) for details.

B. Clerkship Log

Students are expected to keep a written log of their clerkship experiences. The purposes are two-fold:

1. To keep the instructor apprised of the clinical experiences to which the student is exposed.
2. To enable the students to problem solve both clinical and professional issues.

The log should include 1) A list of professional activities that you have engaged in throughout the day, e.g. patient interactions, meetings attended, groups planned, etc. 2) Jot down your reactions towards the clerkship experience, problems you may have encountered, and how you might go about solving them. These will be used to facilitate seminar discussion and enable students to problem-solve both clinical and professional issues in pediatrics.

Log entries should not exceed 2 legibly handwritten or typed pages. The logs will be collected twice during the semester. They must be brought to each clerkship seminar.

III. Assessment Tools Assignment (due dates below)

Select 2 of the following assessment tools and, with a partner, be prepared to present your assignment on the lab day designated by each test, (e.g. Illinois Test of Psycholinguistic Abilities: 4/16).

A. Your presentation is to include the following:
   1) A description of the purpose of the test
   2) A demonstration of administration and scoring procedures
   3) A critical analysis of the theoretical foundation of the test, i.e., its content validity. Specifically, what skills, behaviors or component functions does the tool purport to test or, worded from another angle, if the child does poorly on the test, what are the implications for developmental dysfunction, if any?
   4) A critical analysis of its psychometric properties, including construct validity, concurrent validity, interrater reliability, test-retest reliability, predictive validity, and normative standardization properties.

B. In addition, prepare a concise 1-2 page typed summary (may be in outline form) of the information in 'A' above. Administration and scoring procedures (A-2) may be presented as a brief description, only highlighting critical factors affecting test administration. Also include the publisher/ vendor source of the test and pertinent sources used to secure your information. Copies of this summary should be made for all classmates.

C. In certain instances, tests have been grouped to equalize the amount of work anticipated across all students. For example, selecting the ITPA is comparable to selecting the TVPS and Motor Free Perception Test.

Students may select only one component of the SIPT. Few data are available for some components of the test. In this case, theoretical foundations and test mechanics should be stressed. Functional correlates to these tests should be described.

D. Grading will reflect the following:
   1) Familiarity with test materials and administration procedures, and proficiency in demonstration.
   2) Accuracy in depicting the test's purpose, theoretical foundation, and psychometric properties.
   3) Inclusion of related research studies, vendor information, and training resources, where available.
   4) Accuracy, clarity and presentation quality of written handout (including spelling errors typos, and split infinitives!)

   N.B. Your grade will be shared with your partner unless you notify the instructor in advance. Please take this into consideration when choosing your partner and in collaborating as a team.

E. Support and Guidance

1) All test materials will be available in the instructor's office. They may be signed out overnight for practice and for Thursdays to be used at the clinic if appropriate to the population and allowed by clerkship supervisor.

2) Original test forms of all tests will be distributed to all students. If original materials are not available, copies will be made at Columbia's expense. (Each student pair should see course instructor). Columbia will pay for copies of your handouts if left in O.T. office sufficiently in advance of presentation date.

3) Students should select only one component of the SIPT. Few data are available for some components of the test. In this case, theoretical foundations and test mechanics should be stressed. Functional correlates of these tests should be described.

Presentation Dates

ASSESSMENT#	DATE	ASSESSMENT TOOL
1	2/4	Brazelton Neonatal Behavioral Assessment Scales
2	2/4	Bayley Scales of Infant Development
3	2/19	Movement Assessment for Infants (MAI)
4	2/19	Miller Assessment of Preschoolers (MAP)
5	3/4	Bruininks-Oseretsky Motor Development Scales
6	3/25	Early Coping Inventory/Play Skills Inventory
7	4/1	Developmental Test of Visual-Motor Integration (VMI) (Beery)/Hawaii Early Learning Profile (HELP)
8	4/1	Motor Free Visual Perception/Test of Visual Perceptual Skills (Gardner Test)
9	4/1	Pre-School Play Scales (PPS) (Knox)/Adaptive Behavior Scale (AAMD)
10	4/1	Illinois Test of Psycholinguistic Abilities
11	4/22	DeGangi-Berk Test of Sensory Integration
12	4/22	Test of Sensory Function in Infants (TSFI)

ASSESSMENT#	DATE	ASSESSMENT TOOL
	4/30	Sensory Integration and Praxis Tests
13		Overview of the structure of the SIPT: vendor, recording and reporting of results, chromagraph, clusters. 2 Motor-Free Perception Tests: Space Visualization (SV) Figure Ground Perception (FG)
14		5 Somatosensory Processing Tests: Manual Form Perception Kinesthesia Finger Indentification Graphesthesia Localization of tactile stimuli
15		6 Praxis Tests Praxis on Verbal Command Design Copying Oral Praxis Constructional Praxis Postural Praxis Sequencing Praxis
16		4 Sensimotor Tests Bilateral Motor Coord. Standing and Walking Balance Motor Accuracy Postrotary nystagmus (include pertinent research results)

OT M6556y
CLASS SCHEDULE

MONDAY 10-12
TUESDAY 11-1

CLASS SCHEDULE

DATE & TOPICS	READINGS & ASSIGNMENTS
WEEK 1	
1-17 COURSE OVERVIEW	
1-22 EMOTIONAL DEVELOPMENT DEVELOPMENT OF PLAY	Pratt & Allen Ch. 15
1-24 First Clerkship	Orientation
WEEK 2	
1-28 NORMAL & ABNORMAL 1-29 DEVELOPMENT Guest Lecturer: Adele Germain	Tscharnuter Ch. 4 Connor, Williamson Chs. 5-9 (normal & atypical development) Pratt & Allen pp. 235-245 AV-"Evaluating the Equilibrium Reaction" #RJ-486 - EV 1 AV- "The Dubowitz Assessment of Newborn Gestational Age" #RJ - 251-D85 AV- "The Brazelton Neonatal Behavioral Assessment Scales" #RJ-252 B73 1973 AV- Neurodevelopmental Analysis of Normal Movement ---------------------------- Gilfoyle, et al Chs. 4 & 5 AV- Development of the Hand
1-31 Second Clerkship	Gathering Information
WEEK 3	
2-4 Clerkship Seminar	ASSESSMENT #1 & #2 Smith, Jeffrey. Questions of measurement in early childhood. In Gibbs, et al.
2-5 DIAGNOSTIC PROBLEMS IN DEVELOPMENTAL DISABILITIES	Pratt & Allen Chs. 6, 18, 20, 21 Tscharnuter Chs. 1 & 2
2-7 Third Clerkship	Assessment of the Child

WEEK 4

2-11	NEURODEVELOPMENTAL ASSESSMENT & TREATMENT Guest Lecturer: Adele Germain	Tscharnuter Chs. 3 & 5
2-12	NDT CONTINUED; OT APPLICATIONS Guest Lecturer: Adele Germain	Tscharnuter Chs. 8 & 9 Pratt & Allen Ch. 7 A-V Management of Cerebral Palsy
2-14	Fourth Clerkship	Assessment of the Child

WEEK 5

2-18	Vacation	
2-19	Clerkship Seminar	ASSESSMENT #3 & #4 AV-MAP
2-21	Fifth Clerkship	Synthesizing Evaluation Results

WEEK 6

2-25	NEEDS & INTERVENTION STRATEGIES for the MENTALLY RETARDED: Part I Guest Lecturer: Jerry Staller	Tscharnuter Chs. 6 & 7 Pratt & Allen Chs. 14 & 17 Connor, Williamson Ch. 6 Hand in Evaluation for Feedback
2-26	Oral-Motor Treatment ADL Management Feeding Lab	Pratt & Allen Ch. 21 TBA
2-28	Sixth Clerkship	Treatment Planning Implementation of Treatment Strategies

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WEEK 7

3-4	Clerkship seminar Impact of Handicapp on the Family	ASSESSMENT #5
3-5	NEEDS & INTERVENTION STRATEGIES for the MENTALLY RETARDED: Part II	TBA

WEEK 4

2-11	NEURODEVELOPMENTAL ASSESSMENT & TREATMENT Guest Lecturer: Adele Germain	Tscharnuter Chs. 3 & 5
2-12	NDT CONTINUED; OT APPLICATIONS Guest Lecturer: Adele Germain	Tscharnuter Chs. 8 & 9 Pratt & Allen Ch. 7 A-V Management of Cerebral Palsy
2-14	Fourth Clerkship	Assessment of the Child

WEEK 5

2-18	Vacation	
2-19	Clerkship Seminar	ASSESSMENT #3 & #4 AV-MAP
2-21	Fifth Clerkship	Synthesizing Evaluation Results

WEEK 6

2-25	NEEDS & INTERVENTION STRATEGIES for the MENTALLY RETARDED: Part I Guest Lecturer: Jerry Staller	Tscharnuter Chs. 6 & 7 Pratt & Allen Chs. 14 & 17 Connor, Williamson Ch. 6 Hand in Evaluation for Feedback
2-26	Oral-Motor Treatment ADL Management Feeding Lab	Pratt & Allen Ch. 21 TBA
2-28	Sixth Clerkship	Treatment Planning Implementation of Treatment Strategies

WEEK 7

3-4	Clerkship seminar Impact of Handicapp on the Family	ASSESSMENT #5
3-5	NEEDS & INTERVENTION STRATEGIES for the MENTALLY RETARDED: Part II	TBA

	Guest Lecturer: Jerry Staller	
3-7	Seventh Clerkship	Implementation Documentation Midterm Evaluation

WEEK 8

3-11	Clerkship seminar Impact of Handicapp on the Family	ASSESSMENT #5
3-12	MIDTERM	
3-14	Eigth Clerkship	Exploring Therapeutic Media

WEEK 9

3-17 through 3-24 SPRING BREAK-NO CLASS

WEEK 10

3-25	Clerkship Seminar OVERVIEW OF LEARNING DISABILITIES	ASSESSMENT #6 Pratt & Allen, Ch. 23 Ayres Chs. 1-3 Handout CASE STUDY DUE
3-26	SENSORY INTEGRATION: Neurophysiological Basis. Guest Lecturer: Dorit Bialer	TBA
3-28	Ninth clerkship	Coping Inventory

WEEK 11

4-1	Clerkship Seminar	ASSESSMENT #7, #8, #9, #10
4-2	COPING SKILLS: Strategies for Intervention Guest Lecturer: Gordon Williamson	On Reserve Week 11
4-4	Tenth Clerkship	Positioning for Treatment

WEEK 12

4-8	Clerkship seminar	

	TOY LAB	
4-11	Eleventh Clerkship	Approaches to Treatment
4-12	SENSORY INTEGRATION: Theory and Practice Guest Lecturer: Margie Becker Lewin (1-3 pm)	Ayres Chs. 4-8 TBA

WEEK 13

4-15	Clerkship Seminar POSITIONING LAB	ASSESSMENT #11 & #12
4-18	Twelfth Clerkship	Give Final Evaluation From to Supervisor
4-19	SENSORY INTEGRATION: Continued Guest Lecturer: Margie Becker Lewin	Ayres Chs. 10-11

WEEK 14

4-22	Clerkship seminar OCCUPATIONAL THERAPY IN THE SCHOOL SYSTEM Guest Lecturer: Lauren Robertson	AV-Occupational Therapy in the Schools
4-23	EMOTIONAL & BEHAVIORAL DISORDERS in CHILDHOOD Guest Lecturer: Laurie Olson	Required and recommended readings-on reserve
4-25	Final clerkship	The Role of the Famiy and the School Review Final Evaluation with Supervisor

WEEK 15

4-29	MODELS of TREATMENT: Family Centered Care School-Based Practice O.T. in child psychiatry Guest Lecturer: Laurie Olson	Required and recommended readings-on reserve Hand in Final Evaluation from Clerkship
4-30	Clerkship Seminar	ASSESSMENT #13, #14, #15, #16 EVALUATION OF CLERKSHIP DUE

COLUMBIA UNIVERSITY
PROGRAMS IN OCCUPATIONAL THERAPY

ADVANCED THEORIES OF PEDIATRIC INTERVENTION

COURSE DESCRIPTION

This course will expand the knowledge base of occupational therapists currently working in pediatrics by providing them with the opportunity for critical analysis of new and traditionally used neurophysiological and psychosocial theoretical models of intervention in pediatric occupational therapy. Students will identify theoretical bases for clinical practice, explain the rationale for the practice (including current legislation) and the available theoretical models. Emphasis will be placed on an examination of the change process for each model, the methods for measuring change, and available efficacy studies.

OBJECTIVES

At the completion of this course students will be able to:

1. Identify theoretical models for pediatric occupational therapy practice. Compare and contrast these models in terms of:
    - a. assessment process and tools
    - b. application methods
        - 1. environment manipulation
        - 2. handling
    - c. research on efficacy
2. Explain the process of change in terms of:
    - a. proposed neurological structural events
    - b. psychosocial ramifications of treatment
    - c. observable behavioral differences
3. Provide a rationale for clinical decision making based upon an expanded knowledge base. Select and justify use of an appropriate theoretical model for a specific child taking into consideration the child's psychosocial environment, legislative mandates, and the economics of the situation.
4. Examine some of the unique problems of infancy and early childhood in relation to:
    - a. coping mechanisms
    - b. family as an integral part of the rehabilitation team

COURSE REQUIREMENTS

1. Completion of assigned readings and participation in class discussions.

2. Paper #1: Analysis of one theoretical model of pediatric practice as explicated in Objectives 1 and 2, above.

3. Paper #2: Compare and contrast how 2 theoretical models explain a specific child's behavior. Provide a rationale for your choice. Are the 2 models complementary or contradictory? Discuss the applicability of these models considering their theoretical merits in relation to this case, the actual setting in which therapy will take place (i.e., school, home, NICU...) and method of service delivery (i.e., direct service, consultation, home program...). Be prepared to present this as a "case conference" in class (1/2 hour).

CRITERIA FOR EVALUATION

Each paper will count as 50% of the grade.

TOPICS

1. Introduction
2. NDT
3. Sensory Integration
4. Conductive Education
5. Voijta
6. Behavior
7. Coping
8. Family Centered Care

COLUMBIA UNIVERSITY

OCCUPATIONAL THERAPY

CLERKSHIP GUIDELINES

Occupational Therapy
in Pediatrics
M6556Y

Spring 1991

diskette:MS/SP/BN
document:PHSDISCL

COLUMBIA UNIVERSITY

OCCUPATIONAL THERAPY

O.T. M6556Y: OCCUPATIONAL THERAPY IN PEDIATRICS

CLERKSHIP GUIDELINES

The clerkship is designed to help the student develop beginning skills in evaluation and treatment of the infant and child. It will provide the opportunity to participate in the following activities in a supervised setting:

1. Observation of the relationship of the child and parent to the occupational therapist.
2. Identification of the role of the occupational therapist within the clinical setting.
3. Supervised participation in the assessment of the child.
4. Identification of deficits in gross and fine motor domains, perceptual/cognitive domains, and in play and adaptive/coping skills.
4. Establishment of needs and treatment goals.
5. Assumption of responsibility for ongoing implementation of treatment goals, and documentation.

The centers are committed to helping students in this stage of development and thus provide important opportunities for personal and professional growth. It is therefore necessary that mutual goals and expectations be communicated initially and on an ongoing basis.

The clerkship will consist of 13 full day (Thursday) sessions, beginning January 24 and ending April 25. There will be no clerkship on March 21st. Given the variety of clerkship sites, student experiences will differ accordingly. The student should take advantage of each center's uniqueness and participate wholeheartedly in all that is offered, i.e., team or staff meetings, rounds, in-service, etc. However, to assure that all students meet basic objectives, guidelines are included below. If particular assignment cannot be completed at a given clinic, alternatives may be negotiated with the supervisor and course instructor.

INFORMATION FOR SUPERVISORS

The students are in the second semester of the final year of a two year entry level Masters' program. They have completed their three month affiliation in mental health and related course work, basic sciences, pathology, kinesiology, therapeutic activities and the first semester of a two semester course in physical disabilities which included an eleven week clerkship,. The course director is Chaye Lamm Warburg, MA, OTR. Copies of the course outline are included, along with "Guidelines for Assessment and Therapy Observations" and "Case Study" forms which are meant to guide the students in their observations, assessments, and treatment planning.

If you have any questions or concerns regarding the clerkship please do not hesitate to call me at: (212) 305-3781.

SUPERVISION

Regular meetings between the supervisor and the student should be used to make expectations and learning needs known, to provide feedback specific to theory and practice, and to discuss issues and reactions arising from the clinical experience.

Students are responsible for apprising the clerkship supervisor in advance, of clerkship assignments that require comments from the supervisor. Comments should reflect the accuracy of the content and problem-solving abilities that the student has demonstrated.

A student evaluation form is provided to serve as a guide in establishing learning needs and assessing areas for further growth. A mid-clerkship (March 7) should be shared with the student. The final evaluation (April 25) should be reviewed with student and then submitted to the instructor. Clerkship performance will comprise 10% of the student's grade in the pediatric occupational therapy course. Only the final evaluation will scored. See the Student Evaluation Form for details. Please do not hesitate to call the course instructor should any problem arise.

WRITTEN CLERKSHIP ASSIGNMENTS

A. CASE STUDY - Due 3/25

Students will be required to complete a case study encompassing an assessment, interpretation of results, and treatment planning. Students may use the "Guidelines for Assessment and Therapy Observations" and "Case Study" forms handed out in class for this purpose, or a format used in the clinic requiring similar information.

The evaluation portion may be handed in to the instructor on 2/25 for comments--prior to beginning the treatment planning phase. The assessment and treatment plan should be read and commented on by the clinical supervisor for accuracy of content prior to being turned in to the course instructor on 3/25. The student is responsible for negotiating time to review the case study with the supervisor. This should ideally take place over several weeks, with one section approved before the next is submitted. See first few weeks of assignments for details.

B. WEEKLY THERAPY NOTES -- beginning 3/7

Beginning 3/7/91 write a concise progress note on one child with whom you have been working, using the format appropriate for daily charting at your clerkship site. Please see "Recording Progress" for details (in this manual).

Notes are to be submitted to the clerkship supervisor for comments the next clerkship day, and handed in to the course instructor the following Monday.

C. CLERKSHIP LOG

Students are expected to keep a written log of their clerkship experiences. The purposes are two-fold:

1. To keep the instructor apprised the clinical experiences to which the student is exposed.
2. To enable the students to problem solve both clinical and professional issues.

It is to include:

1. A list of professional activities that you have engaged in throughout the day, eg, patient contact, in-services, interaction with OT's and other professionals, supervision.

2. Your subjective impression of the events that tok place--your feelings about the children, families, role of

occupational therapy in the facility, interdisciplinary cooperation, how you felt you functioned.

3. Problems that have been encountered, unanswered questions, issues to be raised in seminar.

4. Log entry is not to exceed 2 type-written or very neatly hand-written pages.

5. Log must be brought to clerkship seminar each week.

6. The log will be collected twice during the semester for review and comments

Some assignments require specific information--*for e.g.see week 1*

SUGGESTED CALENDAR OF CLERKSHIP EVENTS

1/24/91	Orientation
1/31/91	Select a child for Case Study I Gathering Information Observe Therapist/Child Interaction
2/7/91	Assessment of the Child: Gross Motor Skills, Fine Motor Skills, Cognitive Abilities, Perceptual Skills, Play Skills
2/14/91	Assessment of the Child: Continued
2/21/91	Synthesizing Evaluation Results Establishing Goals
[2/25/91	Assessment may be handed in to course instructor for comments]
2/28/91	Treatment Planning Implementation of Treatment Strategies
3/7/91	Implementation of Treatment Plan Documentation Midterm Evaluation
3/14/91	Exploring Therapeutic Media
3/21/91	VACATION
3/28/91	Administer Coping Inventory
4/4/91	Positioning for Treatment
4/11/91	Approaches to Treatment
4/18/91	Give final evaluation form to your supervisor
4/25/91	Review final evaluation with your supervisor The Role of the Family and the School
[4/30/91	Evaluation of Clerkship Center to be handed in to course instructor]

NB: The above dates are approximate. They relate to projected times for discussion of topics in the clerkship seminar. The first set of assignments (Gathering Information through Treatment Planning) will be repeated for the second case study. If any experiences are not available at your clerkship setting, do not hesitate to substitute alternates. You are expected to take full advantage of the unique offerings of each center, and to participate in ongoing assessment and treatment of children.

Additional Options:

Try out assessment tools for your class presentation. They may be borrowed from Columbia.

Participate in and help plan group sessions.

Assist in the prescription and fabrication of adaptive equipment.

Handle and position children for therapeutic purposes.

Assist in a feeding session.

1/24/91 **ORIENTATION**

OBJECTIVE: 1. Meet supervisor to review clerkship objectives, and expectations. Explore possibilities for obtaining the experiences outlined in the clerkship manual. If some objectives cannot be met, discuss alternatives based on the unique opportunities afforded by your clinical placement.

2. Meet children (and perhaps parents). Spend some time observing and interacting with them.

3. Read a chart. Become familiar with its content and organization. Who referred these children for therapy: pediatrician, school, NICU follow-up?

4. Become acquainted with the occupational therapy department: staff, space, equipment, and the kinds of activities and therapeutic modalities used in treatment. Explore the criteria for referral to occupational therapy, variety of diagnosis typically encountered, average length of stay, frequency of occupational therapy.

5. Become oriented to the general philosophy of the center. Does the center operate under a medical model, educational model, trans-disciplinary model, interdisciplinary model, or other? What other professions are involved in the treatment of the child? What are their roles?

6. Take a tour of the facility.

ASSIGNMENT: 1. Record impressions in your log. Be prepared to discuss them in seminar

2. **Assess the constraints of your position as a student, and the clinics' constraints as an institution on your ability to carry out the case studies.** By the end of the second clerkship (1-31) you will need to have discussed this with your supervisor and come up with a well thought out plan on how to accomplish the whole process:

3. Review the "**Guidelines for Assessment and Therapy Observations**" and the "**Case Study**" Forms prior to the first clerkship, and then on the first clerkship with your supervisor, as the case study needs to cover observations made in the areas delineated.

An evaluation format used at your clinic may be substituted for the above, in consultation with the course instructor and your supervisor.

1/31/91

INFORMATION GATHERING & THERAPIST/CHILD INTERACTION

OBJECTIVES: 1. Select a child for your first case study. Gather information on the child from the chart, the occupational therapist, and at least one other professional who treats or evaluates the child (e.g. speech therapist, physical therapist, early childhood specialist, psychologist, teacher, social worker). Record pertinent medical and birth history, and family, social, and educational history on your "Case Study" form. Begin to observe and interact with the child, if possible.

2. Observe therapists' styles of interacting with children of different ages and/or cognitive levels: do they employ verbal, and/or non-verbal communication, lead the session, or allow the child to lead? How did the therapist engage the child? Note childrens' reactions to separation, and the therapists handling of the situation.

3. Explore the assessment tools used in the clinic, both standardized and non-standardized, formal and informal. Examine the evaluation forms employed and find out how evaluations are written up for the chart.

ASSIGNMENT: 1. Record impressions of therapist-child interactions in your log.

2. Begin to gather information for your case study.

3. Discuss and clarify with your supervisor the degree of involvement you will be permitted in the evaluation process: observation (formal, informal), administration (assisting the occupational therapist, assuming responsibility for a portion of the evaluation, etc.), opportunity to interview and play with the child, etc.

4. Explore the possibility of trying out the assessment tools you have selected for class during your clerkship. (It is not mandatory to do so, but it would enrich your knowledge of the tool and its clinical applications.)

2/7/91
2/14/91

ASSESSMENT OF THE CHILD

OBJECTIVE: The focus of your attention today will be on the methods by which a child is assessed, with a view towards treatment planning or treatment modification. You have already reviewed the child's chart and have begun to observe him/her. Your assessment should cover the areas neuromusculoskeletal status (including gross and fine motor behavior), cognitive and sensory-motor status, and play and functional-adaptive behavior, as per the "Guidelines..." and "Case Study". Your evaluation will be based on:

A. Observation
B. Interaction with the child
C. Participation in (or observation of) at least one component of the evaluative process used in you center.

ASSIGNMENT: Be prepared to complete and submit a report of the child's developmental status to your supervisor, as the next step in the preparation of your case study. Use the "Guidelines.." or the format used by your center to record information.

2/21/91 SYNTHESIZING EVALUATION RESULTS

OBJECTIVES: Prior to establishing long and short term goals for the child, it is important to have a clear, composite profile of the child's developmental status and functional abilities. The purpose of this profile is to serve as a focal point for planning an occupational therapy program.

CORE EXPERIENCE: Complete a comprehensive profile of the child in the areas delineated in the previous assignment. Summarize the results, select major problem areas, and formulate primary needs from which goals can be developed.

ASSIGNMENT: Relate all assessment findings, e.g. how do major underlying problems prevent further developmental achievements or how have they resulted in musculoskeletal or adaptive changes? Which problems are original (primary)? Which are compensatory? Which are secondary?

Based upon the assessment identify major problem areas.

List goals for occupational therapy intervention. Be sure to consider the context in which treatment is to be given. The goals in an in-patient setting operating under a medical model may be very different from those established in a school setting, an EIP, or in a private clinic.

Results may be summarized directly on section VII of the "Guidelines." Use the "Case Study" form to facilitate a problem oriented approach. You will add to this next time when formulating a treatment plan.

2/28/91 TREATMENT PLANNING

OBJECTIVE: Prepare a treatment plan based the results of your assessment and the goals established for treatment. After examining the possibilities for intervention and knowing the child's developmental and functional status, decide upon a treatment plan. Be sure to identify treatment principles incorporated into the plan.

CORE EXPERIENCE: Analyze evaluation results, establish goals, and develop a coherent treatment plan.

ASSIGNMENT: Complete treatment plan on "Case Study" form. Be sure to include examples of activities to be used. Alternatively, use the format employed in your clerkship setting, e.g. IEP, IFSP, or others. Please discuss this option with the supervisor and the course instructor in advance.

2/28/91 IMPLEMENTATION OF TREATMENT STRATEGIES
3/7/91

OBJECTIVE: Occupational therapists "treat" children through many different means. They provide "direct treatment," delivering therapy one-on-one to the child. This may include hands on inhibition and facilitation of movement, positioning, structuring the play environment, provision of appropriate toys in a developmental sequence, adaptation of toys, oral-motor stimulation, infant stimulation, etc. In addition, they may co-treat children in a group situation with other professionals, provide home programs, consult to the teacher in the classroom, provide trans-disciplinary treatment, and fabricate adaptive equipment, to name a few functions. The purpose of this assignment is to provide occupational therapy services to a child in a one-on-one situation.

CORE EXPERIENCE: Provide treatment to the child used for your case study, or another child that you have been following or observing.

ASSIGNMENT: In consultation with your supervisor try out a treatment procedure you that have formulated, learned about in class, or observed in the clinic. Your Log entry should include a brief description of the environment, the child, position, equipment, toys, the purpose of the activity, instructional set, behavioral considerations, and the results of the intervention. Be prepared to discuss this in seminar. Involvement in treatment should be an ongoing process at this point.

3/7/91 RECORDING PROGRESS

OBJECTIVE: Professional record keeping is being increasingly scrutinized for more effective utilization of services. It is vital that occupational therapists document their services in a clear, concise, and accurate manner, indicating the type of interaction which took place with the client, its purpose, and the results.

CORE EXPERIENCE: Writing a clear, concise progress note on one of the children with whom you have been working.

ASSIGNMENT: Complete and submit a progress note to supervisor and then to course instructor: 3/7, 3/14, 3/28, 4/4, 4/11, and 4/18.

Using the format of the department write a concise note that would be appropriate for daily progress charting. Indicate the problem being addressed, the goal for the session, the interaction, the reaction and the result.

How frequently are progress notes written in the department?

NOTE: For the instructor's enlightenment, please give sex, age, diagnosis, and date of admission to Occupational Therapy, although this would not necessarily be part of a daily progress note in a child's chart.

3/14/91 EXPLORING THERAPEUTIC MEDIA

OBJECTIVE: There is considerable variation in the types of therapeutic media (store bought toys, large therapy equipment such as suspension equipment, rolls, balls, switch toys, etc.) used in various centers. It is interesting to note how one activity may be used to fulfill several therapeutic goals, and how one therapeutic goal may be achieved using a variety of toys and equipment.

CORE EXPERIENCE: Today you will have the opportunity to observe and possibly participate in the interaction of several children with toys, or other therapeutic tools. Investigate the purpose of each activity or piece of equipment and try to think of alternate goals to be achieved with each.

ASSIGNMENT: Select one toy or piece of equipment. Describe three different therapeutic situations in which the toy or tool could be used (include age of child, position of child and toy, goal of the session). Identify the underlying skills necessary to interact with the toy or tool for each of the uses you have selected. Be prepared to present your activity analysis at clerkship seminars on 4/8 and 4/15.

4/4/91 POSITIONING FOR TREATMENT

OBJECTIVE: In analyzing activities for the properties conducive to meeting specific treatment goals, it is important to consider how the child is positioned in order to: achieve maximum function with minimal abnormal posture or movement, to facilitate the components of normal movement in a developmental sequence, and to insure maximal participation in all developmentally appropriate tasks.

CORE EXPERIENCE: Position a child for part of a treatment session. This may involve handling, the use of adaptive equipment (e.g. Rifton chair, wedge, prone stander) or therapy equipment (e.g. roll, therapy ball, net swing).

ASSIGNMENT: Complete and submit to clerkship supervisor and then course instructor (1-2 type-written pages):

1. Describe briefly the purpose of the activity and the manner in which you positioned the child to achieve this goal.

2. Indicate how the activity you selected could be graded to the next level above or below, making it more or less challenging.

3. Consider ways in which a children can be positioned to facilitate achievement of goals. Which of these are used in your department?

4. Be prepared to share this information by description and demonstration during clerkship seminar on 4/15.

4/11/91 **THEORETICAL APPROACHES TO TREATMENT**

OBJECTIVE: The theoretical approaches subscribed to by the therapist or clinic may have a great influence on the types of physical handling, therapeutic media, and activities employed in treatment.

CORE EXPERIENCE: If the therapist is using a particular neurophysiological or sensory-integrative approach in working with a child, try to observe and participate as much as the situation permits. Perhaps you will be able to discuss the rationale for the use of a specific treatment approach with that specific child.

ASSIGNMENT: Write a brief summary (1-2 type-written pages) of the activities observed, the purposes of each, and the rationale for their use. Be prepared to discuss these in clerkship seminar.

4/18/91 **THE ROLE OF THE FAMILY AND SCHOOL**

OBJECTIVE: The Occupational Therapist often directs intervention to facilitating performance of the child within the family and within the school setting. Goal setting done in conjunction with families is required by law in some instances.

CORE EXPERIENCE:

1. Explore the role of the family and its importance within the context of your center. Do parents attend the occupational therapy sessions? Who makes that choice? Are there formal methods of communication (e.g. "Informing Conference," IFSP), are there parent support groups (are they informational, problem oriented, social in nature)? Do parents receive "home programs"? Do you feel the parents are expected to function as "surrogate therapists" at home? Are parents involved in setting goals for the childrens treatment program, or in prioritizing goals?

2. For the school aged child: Who referred the child for therapy? Is there formal or informal communication between the school and the occupational therapist? Is there carry-over from the occupational therapy session to school activities; does the occupational therapist function as a consultant to the teacher, or is she involved solely in one-to-one treatment? What are the nature of the goals for school-aged children?

ASSIGNMENT: Incorporate a brief discussion on the above topic in your weekly log. Be prepared to discuss this topic in clerkship seminar.

4/30/91 **EVALUATION OF CLERKSHIP CENTER**

OBJECTIVE: Evaluate your clerkship experience, in particular its value in fulfilling course objectives. Describe the center's strengths and weaknesses in the area of student program and supervision, variety of ages and diagnosis of children serviced, patient care programming, equipment and supplies, and system of documentation of services.

ASSIGNMENT: Submit a brief type-written report to course instructor by 4/30/91.

INSTITUTE II

DR. ESTER BUCHHOLZ

ASSOCIATE PROFESSOR

DIRECTOR, PSYCHOEDUCATIONAL CENTER

NEW YORK UNIVERSITY

Dr. Buchholz is an Associate Professor in the Department of Applied Psychology at New York University School of Education, Health, Nursing, and Arts Professions. The Department of Applied Psychology offers graduate degrees in psychology.

Background

Dr. Buchholz has a Ph.D. in Psychology from New York University. She is the Director of the Psychoeducational Center which is the research and training unit of the school psychology programs in the Department of Applied Psychology. It provides psychological and psychoeducational services on-and off-campus to the local community and to the University community.

Dr. Buchholz teaches courses in understanding emotional and perceptual problems in children and their effects on later development; parenthood as a developmental stage; the integration of ego and self psychology; teenage pregnancy; the emergence of multiple personality in childhood.

Motivation

Dr. Buchholz, a member of SEHNAP's Interdisciplinary Team, participated in the second Higher Education Faculty Institute held on January 23, 30 and February 13, 20, 27 1992. She was recruited for the Higher Education Faculty Institute by two members of SEHNAP's Interdisciplinary Team, Prof. Jeanne Charles, Department of Physical Therapy and Ms. Anne Karpel Freilich, Department of Speech-Language

Pathology and Audiology both of whom participated in the first Higher Education Faculty Institute.

Dr. Buchholz reports that the primary motivating factors that lead to her participation were to infuse best practice of early intervention into her curriculum, and so that the information could be useful in her teaching.

Program Description

The programs in applied psychology prepare graduates to apply psychological principles of human development, personality and affect, perception, learning, cognition, and measurement and research to such areas as education, commerce, and publishing and in health care and social service agencies, government agencies, and private industry.

The Psychoeducational Center is the research and training unit of the school psychology programs in the Department of Applied Psychology.

School psychologists-in-training, enrolled in various practicum courses, are assigned as staff directly to the center and, under faculty supervision, offer a variety of services as training needs and client needs dictate. Among services recently provided are a telephone consultation service for parents facing child-rearing problems, parent consultation, psychoeducational assessment of children referred by schools and agencies, individual psychotherapy, and counseling.

The Center also assigns school psychologists-in-training to local agencies. Here students offer a variety of assessment and intervention services under the supervision of certified school psychologists or licensed psychologists. Services are both behaviorally and psychodynamically oriented.

DR. LISA FLEISHER

DIRECTOR

PROGRAM IN SPECIAL EDUCATION

NEW YORK UNIVERSITY

Dr. Lisa Fleisher is an Associate Professor and Director of the Program in Special Education at New York University School of Education, Health, Nursing, and Arts Professions (SEHNAP). the Program in Special Education offers an undergraduate program in special education and M.A. degree programs as well.

Background

Dr. Fleisher has a Ph.D. and is the Director of the Program in Special Education at New York University. Dr. Fleisher teaches courses in learning disabilities, models of effective instruction, resource/consulting teacher models, curriculum-based assessment and program implementation, and reading instruction for low achievers.

Motivation

Dr. Fleisher, a member of SEHNAP's Interdisciplinary Team, participated in the second Higher Education Faculty Institute held on January 23, 30 and February 13, 20, 27 1992. She was recruited for the Higher Education Faculty Institute by two members of SEHNAP's Interdisciplinary Team, Prof. Jeanne Charles, Department of Physical Therapy and Ms. Anne Karpel Freilich, Department of Speech-Language Pathology and Audiology both of whom participated in the first Higher Education Faculty Institute.

Dr. Fleisher's primary motivation for participating in the Higher Education Faculty Institute was to infuse best practice of early intervention into her program's curriculum. As program director she wanted to be able to conceptualize a program and to know where to look for specific expertise. Dr. Fleisher was anticipating writing an OSERs (Office of Special Education and Rehabilitation Services) grant and felt that information gained during the Higher Education Faculty Institute would be of benefit to her in this regard.

Program Description

The Master of Arts program in special education prepares teachers and educational specialists to work with individuals with special needs in schools and other private and public agencies. Students select a specialization in the areas of mild-to-moderate learning and behavior problems, including learning disabilities; mild-to-moderate mental retardation and emotional handicaps; or severe-to-profound learning and behavior problems, including autism.

Completion of the master's degree requires a minimum of 35 points of graduate study including core foundation courses including:

- Education of Exceptional Children
- Foundations of Reading
- Psychological and Educational Assessment in SpecialEducation
- Behavior Modification in Special Education Settings
- Assessment and Remediation of Learning Problems

In response to a grant proposal written by Drs. Fleisher and Millson during the early part of January, 1992 New York University was funded by the Office of Special Education and Rehabilitation Services (OSERS) to offer a Master's program in Early Childhood Special Education (ECSE) which is designed to prepare teachers to serve urban preschool children with disabilities (ages 3-5) and their families. This OSERS grant funds 10 students per year to offset 75% of tuition costs. ECSE teachers will be prepared to work with children and families in special class and integrated settings and to offer consultation services to regular education teachers in mainstream settings.

The program is designed as a two-semester program for full-time students with undergraduate backgrounds related to ECSE. The program utilizes a cohesive theoretical framework for thing about early development and teaching and learning, presents models for students with regard to the skills they are expected to acquire, offers multiple and varied opportunities for student teachers to develop these skills, and offers them opportunities to reflect on their growth as teachers. The course sequence is as follows:

FALL	**SPRING**
Introduction to Exceptional Children (3 credits)	Transdisciplinary Special Educational Program Development and Sequencing (3 credits)
Psychological and Educational Measurement in Special Education (3 credits)	Special Needs Child: Child, Family and Community II (3 credits)
Principles and Practices in Early Childhood Special Education I (3 credits)	Principles and Practices in Early Childhood Special Education II (3 credits)
Fieldwork I (3 credits)	Fieldwork II (4 credits)
Field Seminar I (3 credits)	Field Seminar II (3 credits)
Total 18 Credits	Total 19 Credits

NEW YORK UNIVERSITY
Department of Teaching and Learning
Program in Special Education

E75.2126, 2127: The Special Needs Child: Child, Family and Community I & II

This is a year-long course for students working with pre-school children with disabilities in a variety of educational settings. Each student is required to be either in an Early Childhood Special Education placement or job.

The major teaching-learning activities will be based on a combination of class lectures (by both Professor and invited specialists in various related fields), classroom discussions, videotapes and audiotapes, outside readings, and projects of both a theoretical and didactic nature.

Required text: Peterson, N.L. (1987). Early Intervention For Handicapped And At-Risk Children: An Introduction to Early Childhood-Special Education. Denver: Love Publishing Company.

Black, J., Puckett, M. & Bell, M. (1992). The Young Child: Development From Prebirth Through Age Eight. New York: Merrill.

Other readings: Current articles from such journals as Topics in Early Childhood Special Education, Journal of Early Intervention, Exceptional Children, and Child Development; The Magic Years, by Selma Fraiberg will also be assigned throughout the course.

Readings during the second semester will be based on assigned readings determined by each of our guest speakers, as well as by articles related to each of the topics taught.

OBJECTIVES

- Students will be familiar with genetic, metabolic and environmental factors contributing to atypical development of young children. They will understand the interrelationship between language, social, emotional, motor and cognitive characteristics in the life of the atypical young child. Students will be expected to be able to identify and view children in terms of their strengths, not just their weaknesses.

- Students will understand the role of the related service providers, as well as when it would be appropriate to refer a child in each of the related areas. Students will understand the role of the related service providers well enough to be able to participate during transdisciplinary team meetings and to work effectively with the various professionals on their intervention teams, integrating programming from all domain areas into their work with children, asking informed questions and seeking resources when appropriate. Students will be better able to incorporate contributions from those in other disciplines into their own work with children through readings and discussions with experts in the related fields.

- Students will develop greater sensitivity to the life of the special needs child within the context of school, family and community. They will recognize the perspectives of families and the importance of parental empowerment. Particular emphasis will be placed on cultural diversity, different family constellations, the special needs of the urban child, as well as parental grief within these contexts over the loss of the "imagined perfect child".

Throughout, the students' professional experiences will be used as a vehicle for class discussion and for class projects.

E75.2126: The Special Needs Child: Child, Family and Community I

TOPICAL OUTLINE

SESSION

1-5. The Preschool Child Ages 0 - 5

In order for the trainees to be well-equipped to assess and plan the educational needs of the disabled pre-schooler, this course begins with a brief description of typical characteristics of children aged 0 - 5. This background serves as a basis for a contextual understanding of the special needs child. Focus includes the interaction of different domain areas, and the impact of delays and disabilities in one area on the functioning in other related areas. Students will complete systematic observations of young children with special needs in educational settings, referring to the continuum of typical development as their frame of reference.

6-11. Family and Cultural Issues for the Special Needs Child

Topics covered include gender differences, bereavement (the loss of the "perfect child" as a lifelong dilemma), siblings of the special needs child, and sensitivity to cultural differences when working with these children, their families, and the surrounding neighborhoods in which the school exists.

12-13. Service Delivery Options

BEST COPY AVAILABLE

An analysis of the different philosophies of educating the special needs child. Emphasis here is on early childhood education from both a segregated and inclusive position. The efficacy of these two philosophies will be studied, within the context of the naturally occurring environments. An analysis of students' placements/jobs is utilized during these discussions.

14-15. Transdisciplinary Program Implementation

The interaction between classroom teacher and related service personnel is introduced during this semester, and will be continued during the second semester.

Course Requirements

The criteria and procedures for assessing the achievement of the students include the following:

Attendance and classroom discussion(based on readings as well as on their professional experiences)		20%
Two written projects of both a theoretical and didactic nature:	Mid-semester project	30%
	Final project	50%

NEW YORK UNIVERSITY
Department of Teaching and Learning
Program in Special Education

E75.2127: The Special Needs Child: Child, Family and Community II

This is the second semester of a year-long course for students working with pre-school children with disabilities in a variety of educational settings. Objectives from E75.2126 will continue to be addressed. Emphasis will be on expanding students knowledge about atypical development in each of the domain areas with emphasis on:

1) integration of educational programming across domain areas; and
2) the transdisciplinary model of service implementation.

Each student is required to be either in an Early Childhood Special Education placement or job.

TOPICAL OUTLINE

SESSION

1-3. Language Development of the Special Needs Child

Language delayed and language deviant pre-school children will be discussed within the context of normal language development. This topic will be taught by a specialist in the area of Speech and Language. Included will be an analysis and discussion of the S/L therapist's job in relation to the child's functioning, and the teacher's goals and intervention within the classroom. Readings will be assigned by the invited specialist.

4-5. Motor Development of the Special Needs Child

Motor development of the special needs child will be discussed by an Occupational Therapist and Physical Therapist. This will be done within the context of typical motor development. Focus will be on both the nature of the OT's roll, as well as an analysis and discussion of the interrelationship between the specialist and the classroom teacher. Readings will be assigned by the invited specialist.

6. Health Issues for the Special Needs Child

The impact of prenatal care, nutrition, physical illness on child development and the collaboration of health professionals with other education team members. A guest from the Nursing Department will lead this discussion, and will assign readings.

7. Social Development of the Special Needs Child

8. Emotional Development of the Special Needs Child

9. Faculty modelling of transdisciplinary programming

A panel of specialists in the field of early childhood special education (including, but not limited to the classroom teacher, PT, OT, psychologist, psychiatrist, music/art therapists, social workers) will react to a case study of a young child with disabilities. Each professional will share their perspective regarding which aspects of behavior they address, how they might approach assessment and the type of recommendations they may make - working towards collaborative educational goal setting. Transdisciplinary assessment and decision-making will be modeled.

10. Consultation Skills for Professionals Working with the Special Needs Child

Consultation skills for working with both regular education teachers as well as parents of special needs children within the mainstream classroom will be discussed. A theoretical understanding of potential resistances to the consultative model, and techniques to work through those resistances are offered and discussed. Both the previous team meeting, as well as the students' own transdisciplinary experiences will be used as the basis for discussion.

11-12. Frequently Occurring Syndromes

Frequently occurring syndromes, such as Down's Syndrome, Pervasive Developmental Disorder, Cerebral Palsy, ADHD, the impact of prenatal drug addictions on later functioning, and the HIV+ pre-schooler will be discussed.

13. Related topics for Professionals working with the Special Needs Child

Hearing impairments, visual impairments, children with Limited English Language Proficiency will be discussed here. Once again the focus will be the impact of these difficulties on the child, the classroom and the family.

14. Special issues for the urban educator

Topics to be discussed include the impact of poverty, multiple stressors for families, violence, homelessness, and joblessness on the special needs child and his/her family. The relationship of these factors to the job of educating the special needs child will be discussed.

15. Tools for Sensitizing Others to the Special Needs Child

Sensitizing the surrounding environment (families, classmates, regular education teachers) to the special needs child. Focus here is on the available books, videos and curricular programs which can be utilized to promote sensitivity to these children.

Course Requirements

The criteria and procedures for assessing the achievement of the students include the following:

Attendance and classroom discussion(based on readings as well as on their professional experiences)		20%
Two written projects of both a theoretical and didactic nature:	Mid-semester project	30%
	Final project	50%

THE SPECIAL NEEDS CHILD: CHILD, FAMILY AND COMMUNITY (E75.2126)

This is a year-long course for students working with pre-school children with disabilities in a variety of educational settings. Each student is required to be either in an Early Childhood Special Education placement or job.

First Semester:

5 sessions: Typical Child Development Ages 0 - 5:

In order for the trainees to be well-equipped to assess and plan the educational needs of the disabled pre-schooler, this course begins with a brief description of typical development of the child aged 0 - 5. This background serves as a basis for a contextual understanding of the special needs child. Focus includes the interaction of different domain areas, and the impact of delays in one area on the functioning in other related areas. Descriptions from the trainees field placements/jobs serve to highlight where their children are along the developmental/learning continuum.

6 sessions: Family and Cultural Issues for the Special Needs Child:

Topics covered include gender differences, bereavement (the loss of the "perfect child" as a lifelong dilemma), siblings of the special needs child, and sensitivity to cultural differences when working with these children, their families, and the surrounding neighborhoods in which the school exists.

2 sessions: Service Delivery Options:

An analysis of the different philosophies of educating the special needs child is our next area of focus. Emphasis here is on early childhood education from both a segregated and inclusive position. The efficacy of these two philosophies will be studied, within the context of the Least Restrictive Environment. An analysis of students' placements/jobs is utilized during these discussions.

2 sessions: Transdisciplinary Program Implementation:

The interaction between classroom teacher and related service personnel is introduced during this semester, and will be continued during the second semester.

Second semester:

3 sessions: Language Development of the Special Needs Child:

Language delayed and language deviant pre-school children will be discussed within the context of normal language development. This topic will be taught by a specialist in the area of Speech and Language. Included will be an analysis and discussion of the S/L therapist's job in relation to the child's functioning within the classroom. Readings will be assigned by the invited specialist.

2 sessions: Motor Development of the Special Needs Child:

Motor development of the special needs child will be discussed by an Occupational Therapist. This will be done within the context of typical motor development. Focus will be on both the nature of the OT's job, as well as an analysis and discussion of the interrelationship between the specialist and the classroom teacher. Readings will be assigned by the invited specialist.

1 session: Health Issues for the Special Needs Child:

The impact of prenatal care, nutrition, physical illness on child development. A guest from the Nursing Department will lead this discussion, and will assign readings.

1 session: The Role of the Psychologist with the Special Needs Child:

The role of the psychologist in early childhood special educational settings, as well as within inclusionary settings will be discussed. Topics include the pre-school psychological evaluation, and the nature of play therapy.

1 session: The Transdisciplinary Team Meeting:

A panel of specialists in the field of early childhood special education (including, but not limited to the classroom teacher, PT, OT, psychologist, psychiatrist, music/art therapists, social workers) will be invited to participate in a round table discussion of a case study, in order to demonstrate the multiple perspectives as well as collaborative planning.

1 session: Consultation Skills for Professionals Working with the Special Needs Child:

Consultation skills for working with both regular education teachers as well as parents of special needs children within the mainstream classroom will be discussed. A theoretical understanding of potential resistances to the consultative model, and techniques to work through those resistances are offered and discussed. Both the previous team meeting, as well as the students' own transdisciplinary experiences will be used as the basis for discussion.

3 sessions: Frequently Occurring Syndromes:

Frequently occurring syndromes, such as Down's Syndrome, Pervasive Developmental Disorder, the impact of prenatal drug addictions on later functioning, and the HIV+ pre-schooler will be discussed.

1 session: Related topics for Professionals Working with the Special Needs Child:

Hearing impairments, visual impairments, children with Limited

English Language Proficiency will be discussed here. Once again the focus will be the impact of these difficulties on the child, the classroom and the family.

1 session: Special issues for the urban educator:

Topics to be discussed include the impact of poverty, multiple stressors for families, violence, homelessness, and joblessness on the special needs child and his/her family. The relationship of these factors to the job of educating the special needs child will be discussed as well.

1 session: Tools for Sensitizing Others to the Special Needs Child:

Sensitizing the surrounding environment (families, classmates, regular education teachers) to the special needs child. Focus here is on the available books, videos and curricular programs which can be utilized to promote sensitivity to these children.

The major teaching-learning activities will be based on a combination of class lectures (by both Professor Kathy Reiss as well as by invited specialists in various related fields), classroom discussions, videotapes and audiotapes, outside readings, and projects of both a theoretical and didactic nature.

Readings during the first semester are based on the following: Child Development and Personality (seventh edition), by P. H. Mussen, J. J. Conger, J. Kagan, and A. C. Huston (which is used as the basis for background information on typical development); articles from such journals as Topics in Early Childhood Special Education, Journal of Early Intervention, Exceptional Children, and Child Development; The Magic Years, by Selma Fraiberg.

Readings during the second semester will be based on assigned readings determined by each of our guest speakers, as well as by articles related to each of the topics taught by Professor Reiss.

The criteria and procedures for assessing the achievement of the students include the following:

Attendance and classroom discussion (based on readings as well as on their professional experiences): 20%
Two written projects each semester of both a theoretical and didactic nature (which can incorporate their understanding of the assigned readings, discussions, and observations of their placement/jobs): 30% for mid-semester project, 50% for final project.

DR. JOANNE K. GRIFFIN

ASSOCIATE PROFESSOR

DEPARTMENT OF NURSING

NEW YORK UNIVERSITY

Dr. Griffin is an Associate Professor in the Department of Nursing at New York University School of Education, Health, Nursing, and Arts Professions (SEHNAP). The Division of Nursing at New York University offers a baccalaureate, master's, and doctoral degree in nursing.

Background

Dr. Griffin holds a B.S. degree from the College of Mt. St. Vincent and M.A. and Ph.D. degrees in nursing from New York University. She is a registered nurse. Dr. Griffin teaches courses on parent-child nursing, women's health issues, curriculum and teaching in nursing, interaction in and evaluation of groups, ethical and legal issues in nursing, and substance abuse.

Motivation

Dr. Griffin, a member of SEHNAP's Interdisciplinary Team, participated in the second Higher Faculty Institute held on January 23, 20 and February 13, 20, 27 1992. She was recruited for the Higher Education Faculty Institute by two members of SEHNAP's Interdisciplinary Team, Prof. Jeanne Charles, Department of Physical Therapy and Ms. Anne Karpel Freilich, Department of Speech-Language Pathology and Audiology both of whom participated in the first Higher Education Faculty Institute.

Dr. Griffin reports that the two primary motivating factors in her participation in the Higher Education Faculty Institute was to get information that would be useful in her teaching and for her own personal enjoyment and enrichment.

Program Description

The graduate nursing program (NRSG) at New York University leads to the Master of Arts degree for nurses interested in teaching, advances nursing practice, nursing service supervision and management, and the development of new roles in nursing.

The concentration in teaching prepares nurses to teach in patient education, staff development, or continuing education programs and for beginning teaching positions in nursing education programs. In addition to core courses, courses in areas of specialization, and other degree requirements, a theory course in curriculum development, electives, and a practicum in the teaching of nursing are required. In the practicum, students are placed in academic or staff development settings for the purpose of observation and practice in using theoretical knowledge for the teaching of nursing.

The concentration in the delivery of nursing services prepares nurses for clinical consultation, nursing management, and advanced practice in nursing in a variety of settings. In additions to required and elective courses, students participate in a terminal practicum. In the practicum, students are placed in a nursing service setting appropriate for individual goals and objectives in order to observe and implement theories pertinent to advanced nursing practice and management.

The master's program consists of 21 points of nursing and related core courses, 6 points in the area of clinical specialization, 12 points in the area of concentration including theory, practicum and related electives, and 6 points of electives.

DR. JIM HINOJOSA

ASSOCIATE PROFESSOR

DEPARTMENT OF OCCUPATIONAL THERAPY

NEW YORK UNIVERSITY

Dr. Hinojosa is an Associate Professor in the Department of Occupational Therapy at New York University School of Education, Health, Nursing, and Arts Professions (SEHNAP). New York University offers the only Ph.D. degree in occupational therapy. Programs leading to the Master of Arts degree are available for individuals seeking entry-level, professional education and professional certification as occupational therapists. Postprofessional education is also offered for those who are currently certified OTR's.

Background

Dr. Hinojosa has been on the faculty at New York University for 12 years. He holds a M.A. from Columbia University and his Ph.D. from New York University. Dr. Hinojosa teaches courses on the theory and philosophy of the profession of occupational therapy, pediatrics, education, and leadership.

Motivation

Dr. Hinojosa, a member of SEHNAP's Interdisciplinary Team, participated in the second Higher Education Faculty Institute held on January 23, 30 and February 13, 20, 27 1992. He was recruited for the Higher Education Faculty Institute by two members of SEHNAP'S Interdisciplinary Team, Prof. Jeanne Charles, Department of Physical Therapy and Ms. Anne Karpel Freilich, Department of Speech-Language Pathology and Audiology, both of whom participated in the first Higher Education Faculty Institute.

Dr. Hinojosa reports that his primary motivation for participation in the Institute was to infuse best practice of early intervention into the curriculum and to meet higher education faculty in other disciplines. In addition, he reports being highly motivated for his personal enjoyment and enrichment and to learn more about the field.

Program Description

The Department of Occupational Therapy offers advanced programs in occupational therapy leading to the M.A. and Ph.D. degrees for registered occupational therapists. These programs integrate the theoretical foundation of occupational therapy and knowledge, skills, and attitudes necessary for scholarship.

The Master of Arts program is a 36 credit program with individually designed specialty areas i either developmental disabilities or mental health. Students may select course sequences in rehabilitation technology, gerontology, AIDS, bioengineering, clinical and academic teaching, cognitive rehabilitation, educational administration, human sexuality, pediatrics, or physical dysfunction.

The Master of Arts with a specialization in Developmental Disabilities includes::

* Academic coursework covering the human life span from infancy to old age.

* Emphasis on high risk infants, Down's syndrome, cerebral palsy, multihandicapped children and adults, learning disabilities, dual diagnosis, and developmentally disabled adults and aged.

* Clinical practice with infants and children, and adolescent and adult populations in institutional, residential and community facilities including apartments, group homes, and day-care centers.

* Documentation for quality assurance, legal requirements, and reimbursement.

* Clinical management and supervisory skills for individual treatment planning and group program planning.

* Involvement at all levels in the transition from institution to community and opportunity to shape the policy for future developmental disabilities practice.

The Master of Arts with a specialization in Mental Health includes:

* Emphasis on new programs with child, adult, geriatric, and forensic populations in mental health.

* Clinical practice with acute and chronic patient populations in inpatient, transitional, and outpatient settings.

* Application of activity theory to clinical practice with psychiatric patients.

* Understanding of the characteristics of different contexts for assessment and intervention: individual, group, and family.

* Critical analysis of institutional and community models of care and identification of emerging roles for the occupational therapist in mental health practice.

DR. JUDITH LOTHIAN
ASSISTANT PROFESSOR
DEPARTMENT OF NURSING
NEW YORK UNIVERSITY

Dr. Lothian is an Assistant Professor in the Department of Nursing at New York University School of Education, Health Nursing, and Arts Professions (SEHNAP). The Division of Nursing at New York University offers a baccalaureate, master's, and doctoral degree in nursing.

Background

Dr. Lothian is an Assistant Professor in the Department of Nursing. She has been on the faculty for 3 years. Dr. Lothian holds her B.S.N. from Catholic University, and her M.A. and Ph.D. degrees from New York University. She is a registered nurse. Dr. Lothian teaches courses on maternal child health, family, and women's health issues.

Motivation

Dr. Lothian, a member of SEHNAP's Interdisciplinary Team, participated in the second Higher Education Faculty Institute held on January 23, 30 and February 13, 20, 27 1992. She was recruited for the Higher Education Faculty Institute by two members of SEHNAP's Interdisciplinary Team, Prof. Jeanne Charles, Department of Physical Therapy and Ms. Anne Karpel Freilich, Department of Speech-Language Pathology and Audiology both of whom participated in the first Higher Education Faculty Institute.

Dr. Lothian, a member of SEHNAP's Interdisciplinary Team, participated in the second Higher Education Faculty Institute held on January 23, 30 and February 13, 20, 27 1992. She was recruited for the Higher Education Faculty Institute by two members of SEHNAP's

Interdisciplinary Team, Prof. Jeanne Charles, Department of Physical Therapy and Ms. Anne Karpel Freilich, Department of Speech-Language Pathology and Audiology both of whom participated in the first Higher Education Faculty Institute.

Dr. Lothian reports that her primary reasons for participating in the Higher Education Faculty Institute is to become better informed about best practices and national issues in early intervention so that she could infuse some of this material into her curriculum.

Program Description

The graduate nursing program (NRSG) at New York University leads to the Master of Arts degree for nurses interested in teaching, advances nursing practice, nursing service supervision and management, and the development of new roles in nursing.

The concentration in teaching prepares nurses to teach in patient education, staff development, or continuing education programs and for beginning teaching positions in nursing education programs. In addition to core courses, courses in areas of specialization, and other degree requirements, a theory course in curriculum development, electives, and a practicum in the teaching of nursing are required. In the practicum, students are placed in academic or staff development settings for the purpose of observation and practice in using theoretical knowledge for the teaching of nursing.

The concentration in the delivery of nursing services prepares nurses for clinical consultation, nursing management, and advanced practice in nursing in a variety of settings. In additions to required and elective courses, students participate in a terminal practicum. In the practicum, students are placed in a nursing service setting appropriate for individual goals and objectives in order to observe and implement theories pertinent to advanced nursing practice and management.

The master's program consists of 21 points of nursing and related core courses, 6 points in the area of clinical specialization, 12 points in the area of concentration including theory, practicum and related electives, and 6 points of electives.

DR. IRENE SHIGAKI

ASSOCIATE PROFESSOR

COORDINATOR, LEADERSHIP IN INFANT AND TODDLER CARE AND EDUCATION

NEW YORK UNIVERSITY

Dr. Shigaki is an Associate Professor in the Department of Early Childhood and Elementary Education. She coordinates the special project the Leadership in Infant and Toddler Care and Education program. Dr. Shigaki has been a member of the faculty for 22 years.

Background

Dr. Shigaki has an Ed.D. from Columbia University. As Coordinator of the Leadership in Infant and Toddler Care and Education project she teaches courses in the psychology and education of infants and toddlers; cross-cultural comparisons in early childhood; child abuse and neglect, including sexual abuse; children's court testimony; logical thinking of young children. Dr. Shigaki is currently pursuing a degree in law at Brooklyn Law School.

Motivation

Dr. Shigaki, a member of SEHNAP's Interdisciplinary Team, participated in the second Higher Education Faculty Institute held on January 23, 30 and February 13, 20, 27 1992. She was recruited for the Higher Education Faculty Institute by two members of SEHNAP's Interdisciplinary Team, Prof. Jeanne Charles, Department of Physical Therapy and Ms. Anne Karpel Freilich, Department of Speech-Language Pathology and Audiology both of whom participated in the first Higher Education Faculty Institute.

Dr. Shigaki is the Chair of the Interdisciplinary Team at SEHNAP. Her motivation in participating in the Higher Education Faculty Institute was to better understand the principles of early intervention because she felt that her curriculum lacks information of early intervention. She also felt that it was very important that the Interdisciplinary Team participate in the Institute and contacted Dr. Lippman to meet with the team to discuss participation in an Institute.

Program Description

The Leadership in Infant and Toddler Care and Education program is an interdepartmental area of study for pre- and in-service students seeking leadership roles in the field of infant and toddler care and education. For students matriculated in the Program in Early Childhood and Elementary Education who are concentrating in this area, the program leads to the M.A. degree and meets academic requirements for permanent state teacher certification.

The specialization in infant and toddler care and education is designed to prepare professionals for leadership roles in the field of infant and toddler care including parenting. This area is a multidisciplinary offering by specialists in early childhood education and educational psychology. The core courses and related fieldwork for pre- and in-service students matriculated in early childhood and elementary education specializing in this area include:

- Psychological Research in Infancy
- The Education of Infants and Toddlers
- Psychology of Parenthood or Working With Parents
- Internship, N-6

Individual needs determine required additional course work, by advisement.

DR. CLAUDETTE LEFEBVRE

PROFESSOR

DEPARTMENT OF RECREATION AND LEISURE STUDIES

NEW YORK UNIVERSITY

Dr. Lefebvre is a Professor and Program Director of Recreation and Leisure Studies at New York University School of Education, Health, Nursing, and Arts Professions (SEHNAP). The program offers undergraduate and graduate degrees in recreation and leisure services.

Background

Dr. Lefebvre is a Professor and Program Director of Recreation and Leisure Studies at New York University. Dr. Lefebvre holds her B.A., M.A., and Ph.D. degrees from New York University. She also has a background in early childhood and elementary education. She has been teaching in higher education for 26 years.

Motivation

Dr. Lefebvre, a member of SEHNAP's Interdisciplinary Team, participated in the second Higher Education Faculty Institute held on January 23, 30 and February 13, 20, 27 1992. She was recruited for the Higher Education Faculty Institute by two members of SEHNAP'S Interdisciplinary Team, Prof. Jeanne Charles, Department of Physical Therapy and Ms. Anne Karpel Freilich, Department of Speech-Language Pathology and Audiology, both of whom participated in the first Higher Education Faculty Institute.

Dr. Lefebvre reports the primary motivating factors influencing her to participate in the Higher Education Faculty Institute were her desire to be better informed about national issues in early intervention and best practice in early intervention so that she can infuse the material into her higher education curriculum. She expects that the material will be useful in her teaching and she also was looking forward to participation for personal enjoyment and enrichment.,

Program Description

Programs in Recreation Services and Resources Management prepare individuals for leadership, teaching, and management positions in a wide variety of recreation settings. There are three areas of study:

- Leisure Counseling and Consultation-This sixth year certificate program provides individuals who have a master's degrees in recreation, therapeutic recreation, or leisure studies with training in leisure counseling and consultation. This program requires a minimum of 33 credits beyond a master's degree.
- Administration of Recreation Services and Resources-Graduates of this program enter positions of leadership in a variety of recreation program settings. Students pursue studies in the field of leisure that include behavior assessment, leisure education and program development, implementation, and evaluation, personnel and volunteer management, basic research methodology, and management of program resources.

Programs in therapeutic recreation enable graduates to enter advanced career positions in work with ill, disabled, and special needs individuals. Therapeutic Recreation Administration and Services-Students pursue professional studies in the field, including behavioral assessment, leisure education and activity program development, personnel and management practices and procedures, basic research methods, selection, development, and implementation of quality assurance procedures and practices. They develop specific expertise in activity analysis, individualized prescriptive programming, and therapeutic recreation intervention and facilitation techniques.

Follow-up Contacts and Goals

All follow-up activities are group activities with all members of the Team present. Goals set are group goals. Dr. Lippman has attended three follow-up meetings since ending the Institute. Additionally, Dr. Lippman attended two meetings with the group before the Institute to help them clarify some of their goals as a team.

FIRST MEETING PRE-INSTITUTE

The first meeting was held on October 7, 1991. Present at this meeting were Dr. Fleisher, Dr. Griffin, Dr. Hinojosa, Dr. Lefebvre, Dr. Millsom, Dr. Shigaki, Prof. Charles, Dr. Lippman, and Dr. Harriet Klein. At this meeting a Statement of Competencies was distributed outlining the motivation for the existence of the team. The concepts outlined by the team reflect a common view held by all members which will be reinforced throughout all program courses and fieldwork. The concepts outlined are:

- Promoting a family centered approach to provide services for young children with disabilities with the recognition that multiple perspectives enriches the understanding of their particular situation and can contribute to creation of more effective interventions
- Acknowledging the importance of parental empowerment particularly for those with children with disabilities
- Serving as advocates of families and children with disabilities in recognition that the needs of each member of the family must be met
- Respecting the cultural heritage and values of the family and child
- Promoting placement of children with disabilities into mainstream settings to the greatest extent possible

The group decided to prepare a survey for faculty members at SEHNAP and to other departments within New York University in order to identify other individuals with expertise, interest, and/or research in the area of early intervention.

SECOND MEETING PRE-INSTITUTE

The next meeting of the Interdisciplinary Team was held on November 4, 1991. Attending were Drs. Shigaki, Millsom, Fleisher, Hinojosa, Buchholz, Griffin and Prof. Charles and Anne Karpel Frielich from SEHNAP and Dr. Lippman from New York Medical College.

This was a three hour meeting. The group first discussed the survey instrument and approved its mailing to members of the faculty in the Law School, School of Social Work, Rusk Institute, Arts and Science, Wagner School and Tisch School.

The following goals were outlined:

* To function as a study group sharing information and articles on early intervention

* Identifying resources available to one another to be used in the development of future grants and projects

* Facilitate the development of grants through collaboration across departments and schools

* Act as a clearinghouse for proposals and information to guarantee that departments will not compete

* To explore and define core courses on early intervention across departments

* To come to a common working definition of best practice regarding a transdisciplinary or team partnership approach where one maintains ones own role and may also assume the role of other providers.

- To explore and define the role of case management as it applies to early intervention.

Additionally, the team and Dr. Lippman scheduled five days for a Higher Education Faculty Institute to be held at SEHNAP during the month of January and February, 1992. All members of the team made the commitment to attned all five sessions.

FIRST FOLLOW-UP MEETING

The first follow-up meeting was held on March 30, 1992 for two hours. This was the first meeting of the group post-Institute. The primary goal of this group for the year was as follows:

1.There was consensus on the development of an Interdisciplinary Specialty or core of from 10-12 credits. Potential audiences would include those who want to retool in the area of early intervention who might take only the care, as well as students who could take the core as part of one of the degree programs. The possibility of offering the core as a Summer Institute was raised.

Issues discussed were as follows:

1. Exploration of role release
    -How might the faculty engage in role release in the context of their professional functioning?
    -How do we encourage students to engage in role release?
2. Interdisciplinary course on normal development
    -Examine normal development from the various perspectives of the respective disciplines through an integrative approach
    -Exploration of the relationship between research and knowledge and practice

3. Management issues as they would relate to populations such as infants and toddlers and their families

-What are the commonalities?

-What are the unique attributes/problems related to this population?

-To what other populations might a management model be applied?

SECOND FOLLOW-UP MEETING

The next meeting was held on April 20, 1992 for two hours. As the group project has evolved the core is defined as 10-12 credits to be offered to Post Master's or Inservice students. Depending on the program, these credits may be viewed as in addition to current requirements or be incorporated into present inservice programs. Key experiences would be offered in the following:

CHILD DEVELOPMENT (3 credits)

Prerequisites-appropriate coursework from the respective programs such as:

E25.2021 Child Development and the Program of Childhood Education
E35.2xxx Psychological Research in Infancy
E35.2271 Child and Adolescent
E40.1771.2 Biopsychosocial Maturation I & II

ASSESSMENT (3 credits)

E35.2xxx Assessment of Infant, Toddler and the Family

INTERDISCIPLINARY INTERVENTION (3-6 credits)

A crucial course to be developed which will both model and explore the functioning of an interdisciplinary team and the concept of role release.

Includes a filed component. (Field optional for those currently employed in a position relevant to early intervention).

SYSTEMS/FAMILY (3 credits)

A new course to be developed, synthesizing across several current courses such as E35.1019, Psychology of Parenthood and E41.2009 Family Development in the Community. The focus of the new course will be on management issues of families with young disabled children. Faculty with backgrounds in the area will be invited to help develop the course.

AGENDA FOR THIRD FOLLOW-UP MEETING

The next scheduled meeting will be held on September 9, 1992. Participants were asked to:

1. Identify other relevant courses which might serve as prerequisites or which currently include a piece on early intervention

2. Identify other relevant courses throughout the University which might serve as suggested electives, e.g., law

3. Identify other faculty who might be invited to help develop each of the about areas.

4. Share information regarding availability of funding for training grants to support students. Dr. Hinojosa to speck with Charlie Sprague, Office of Sponsored Programs for information.

5. Share information regarding deadlines for University Challenge Grants which can provide the group with seed money for curriculum development, monies for guest speakers, etc.

6. Identify administrative concerns to be raised at meeting with the Dean, e.g., cross-listing of courses

7. Formulate work groups to design specific pieces of curriculum. Identify faculty who might be able/interested in helping.

THIRD FOLLOW-UP MEETING

This was the first meeting of the Early Intervention Group in the Fall, 1992 semester. It was held on October 7, 1992. Present were Drs. Irene Shigaki, Carol Millsom, Jim Hinojosa, Lisa Fleisher, Joanne Griffin, Jane Herzog, Carol Lippman and Steve Bicchiari of Rusk Institute.

Several new members have been asked to participate in the committee. Stephen Bicchieri, Director of Preschool and Infant Developmental Program at Rust Institute, Dr. Jaon Gold, Director of Pediatrics, Rusk Institute, Dr. Jane Herzog, Director of the Para-Educator Center for Young Adults at SEHNAP, and Dr. Harriet Oster from the School Psychology Department.

Dr. Fleisher reported on the progress of the program that was funded by OSERS to train students in Early Childhood Special Education. She has developed a course entitle The Special Needs Child:Child, Family and Community I and II designed for students working with pre-school children with disabilities in a variety of educational settings.

The focus of the EIG for this academic year was discussed. The first goal was to schedule a meeting with Dean Jerold Ross which was done for November 12, 1992. Dr. Griffin was to write a memo to the Dean explaining the purpose of the meeting with an agenda. The group agreed that the following would be the agenda for the meeting:

History of the Early Intervention Group (EIG)

Development of the Early Intervention Core

Issues related to the support of interdisciplinary collaboration

1. cross listing of core courses
2. listing of EIG core as E10.xxx or E01.xxx
3. including listing of EIG core in Bulletin

4. opening relevant departmental courses to all SEHNAP

Additionally appended to her memo to Dean Ross, Dr. Griffin enclosed a copy of the list of participants, description of the Higher Education Faculty Institute that participants of the EIG attended, and outline of the core courses proposed by the group.

The second agenda item for this follow-up meeting was to explore funding sources. Dr. Hinojosa agreed to confer with Charles Sprague of NYU's Office of Sponsored Research to see what funding might be possible. Additionally Dr. Hinojosa was to get the grant application for a University Challenge grant for seed money to begin the program.

FOURTH FOLLOW-UP MEETING

The next meeting of the EIG was held on October 22, 1992. Present were Drs. Shigaki, Fleisher, Oster, Griffin, Hinojosa, Lippman and Steve Bicchiri. The purpose of this meeting was the finalize the agenda for the following meeting to be held on Nov. 12, 1992 with Dean Ross.

A paper on the background and philosophy of the EIG was prepared. The group is described as professionals at New York University representing a range of disciplines pertinent to providing intervention services for young children with disabilities. The following principles of best practice are endorsed by the group:

* Promoting a family centered approach to providing services for young children with disabilities, with the recognition that multiple perspectives enrich our understanding of their particular situations which can contribute to the creation of more effective intervention.

* Acknowledging the importance of parental empowerment, particularly for those with children with disabilities.

* Serving as advocates of families and children with disabilities in recognition that the needs of each member of the family must be met.

* Respecting the cultural heritage and values of the family and child.

* Promoting the placement of children with disabilities into inclusive settings to the greatest extent possible.

FIFTH FOLLOW-UP MEETING

This meeting was held on November 12, 1992. Present were Drs. Shigaki, Fleisher, Oster, Hinojosa, Griffin, Klein, Lippman, Prof. Charles, Schwartz and Steve Sicchieri. The Dean attended the last hour of the meeting.

An exploration of the submission of a grant was the first item on the agenda. Dr. Hinojosa has proposed a grant application to support an Early Intervention Coordinator and fund tuition for students interested in Early Intervention.

Dr. Lippman distributed copies of the EarlyCare legislation and reviewed some of the important points of the legislation.

Meeting with Dean Ross

1. Dr. Shigaki reviewed the history of the work group over the last 1 1/2 years.

2. Dr. Lippman outlined the Higher Education Faculty Institute and follow-up assistance that is being provided to the EIG.

3. Dr. Hinojosa reviewed the philosophy of the group and the need for a shared core interdisciplinary program for future practitioners in the field.

4. Dr. Fleisher described the early childhood special education personnel preparation training grant which has 14 students currently enrolled.

5. Dr. Griffin raised issues and problems for consideration by the Dean. These included:

a. How students can be aware of the interdisciplinary nature of the courses if offered in individual departments. Possibility of cross-listing?

b. Opening up discipline specific courses to students outside of the department.

c. Working through issues of turf and territory as well as having direct support within current workscope without having to take on additional work in free time.

d. There is a need to provide a mechanism for faculty members to be given support by their department heads for their time and effort in developing the Early Intervention course offerings.

The Dean's comments included:

1. Creating an interdisciplinary program has a precedent in the school in the humanities and arts program. Bringing courses into an interdisciplinary program enhances all departments.

2. Cross listing of courses would not be recommended. Courses that are shared can be listed as E10 or through other numbers and computer analysis could allocate appropriate share to each department. The work group indicated that there is a need for students to work together within classes to learn skills for their future work setting across disciplines.

3. Faculty are expected to carry three courses and should always be working on the development and enhancement of existing courses offered without needing additional release time to develop a new core.

4. The Dean requested a list of courses that would be seen as overlapping across programs.

5. If the course outlines indicate a significant amount of teaching across disciplines the release time could be arranged.

6. It was suggested that the group might consider building into the program a coordinator to advise students and coordinate programs offered.

SIXTH FOLLOW-UP MEETING

This meeting was held on November 24, 1992. Present were Drs. Shigaki, Fleisher, Lippman, Griffin, Prof. Charles and Steve Bicchieri.

People who were present at the grant meeting on Nov. 20, 1992 discussed what had occurred. The committee had decided that the outreach proposal was not really within the realm of what the EIG was prepared to do. Charlie Sprague arrived with a new funding proposal that seemed more appropriate. Both Dr. Hinojosa and Dr. Fleisher have past proposals that may be able to be modified for the new one.

Task groups were set up to begin work of courses that need to be more clearly defined. These each have a coordinator:

Child Development-Lisa Fleisher

Family Systems-Joanne Griffin

Interdisciplinary Interventions-Claudette Lefevbre

Task groups were developed from the outline of core courses that the group proposed. It is their charge to define a course with objectives and outline following the guidelines on the outline forms for SEHNAP. Reports are due by the next meeting of the whole on Feb. 22, 1993.

SEVENTH FOLLOW-UP MEETING

This meeting was held with Dr. Lippman and Jeanne Charles of the Early Intervention Group. The group has decided to write a grant to OSERS for submissions on January 5, 1993. Drs. Hinojosa and Fleisher will take the lead in developing the grant which is proposing to fund 10-15 students in a

Post Masters program in Early Intervention. The focus of the group will be on writing this grant and to outline the core courses.

EIGHTH FOLLOW-UP MEETING

The next full group meeting was held on February 22, 1993. Those in attendance were S. Bicchieri, L. Fleisher, C. Millsom, I. Shigaki and Guests-Birgit Dyssegaard and Colleen Troy. The grant was submitted on time and the next task is to activate the groups preparing the core courses. The groups are as follows:

Child Development Group-Lisa Fleisher, convener

Members

Jeanne Charles

Harriet Oster

Harriet Klein

Family Systems-Joanne Griffin, convener

Members

Judith Lothian

Carol Millsom

Irene Shigaki

Interdisciplinary Intervention-Jim Hinojosa, convener

Members

Barbara Schwartz

Steve Bicchieri

Each group will meet once before the next full group meeting on March 29, 1993. Additionally, Dr. Fleisher shared her course outline for E75.2126-7, The Special Needs Child currently being offered on her grant in Early Childhood/Special Education. Each group is being asked to give some thought to the issue of overlap and redundancy in preparation of materials for their group.

NINTH FOLLOW-UP MEETING

March 29, 1993

Present:	Absent
Irene Shigaki	Ester Buchholz (sabbatical)
Jeanne Charles	Claudette Lefevbre (sabbatical)
Jim Hinojosa	Carol Millsom
Joanne Griffin	Judith Lothian

Motivational Characteristics

1. Institute gave group common experience and language.

2. Philosophy of family directed care and transdisciplinary work most significant in development of Early Intervention Group (EIG).

3. EIG meets needs of members to share common goals with others of different disciplines.

4. Therefore, commitment is present despite barriers in program implementation.

Barriers

1. EIG group lost momentum in development of Post Masters program after meeting with Dean in November.

2. The Dean was knowledgeable re: 99-457, understands concept of transdisciplinary work, however, EIG members felt lack of support and commitment re: program development.

3. EIG members expressed concern re: the Dean's lack of support for non-tenured faculty and clinical faculty with regard to the time they spend in program development.

4. The University does not support faculty work outside the department - one EIG member stated the problem by saying that in the faculty evaluation process involvement in EIG would be seen as taking time away from the department.

5. If Special Projects Grant is funded then EIG members feel that Dean will be more responsive.

6. Issues are:

- turf;
- sharing of students;
- rigid curriculum in each discipline;
- if there is a transdisciplinary program which department counts students?
- how does students impact on accrediting bodies?

7. As new members (non-participants in Higher Education Institute) have been added to group participation has decreased - EIG members wondered if adding new members had been a mistake since it diluted focus of group. NEXT MEETING: April 12, 1993 - focus on transdisciplinary issues raised.

TENTH FOLLOW-UP MEETING

Present:

Irene Shigaki, Jim Hinojosa, Joane Griffin, Carol Millsom

Team - Jim

1. what is an ideal team?
2. evaluation, intervention
3. rational in course objectives
4. roles on team of paras, professionals, parents, care providers
5. theoretical framework for teams

Family - Joanne

1. in nursing department
2. ethnicity, cultural diversity
3. work with educational faculty (Shigaki, Millsom) to make scope broader
4. small group component if class is large (30-70 students)

Theme across courses: cultural, race, SES, diversity

What is an interdisciplinary core?

1. regardless of students discipline comfort
2. view as legitimate other perspectives
3. hands on experience in working with other disciplines
4. field experiences in interdisciplinary work
5. importance of practicum/work simulations in coursework
6. prerequisites for people in course

Course Content

1. courses balanced i.e., Harriet Oster

Development Course, Birth - 2, Family Course, Where to put parent development possible in family course "Working with Families" and course in education department.

EARLY INTERVENTION GROUP
NEW YORK UNIVERSITY

BACKGROUND & PHILOSOPHY:

The Early Intervention Group is comprised of professionals at New York University representing a range of disciplines pertinent to providing intervention services for young disabled children. Areas represented include Early Childhood & Elementary Education, Human Services at the School of Continuing Education, Nursing, Occupational Therapy, the Para-Educator Center for Young Adults, the Preschool & Infant Development Program at NYU Medical Center, Physical Therapy, Recreation & Leisure Studies, School Psychology, Special Education, and Speech & Language Pathology & Audiology. As a group we have formulated and endorsed the following principles of good practice:

--Promoting a family centered approach to providing services for young children with disabilities, with the recognition that multiple perspectives enrich our understanding of their particular situations which can contribute to the creation of more effective intervention

--Acknowledging the importance of parental empowerment, particularly for those with children with disabilities

--Serving as advocates of families and children with disabilities in recognition that the needs of each member of the family must be met

--Respecting the cultural heritage and values of the family and child

--Promoting the placement of children with disabilities into mainstream settings to the greatest extent possible

EARLY INTERVENTION CORE:

Given the need for interdisciplinary collaboration and the overlapping nature of the training objectives across disciplines in early intervention, we propose the creation of a core of 10-12 credits to be utilized across Programs on the Post Masters' or Inservice level. Depending on the program, these credits may be viewed as in addition to current requirements or be incorporated into present inservice programs. Key experiences would be offered in the areas below.

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CHILD DEVELOPMENT (3 credits)

Sufficient grounding in development from birth through death is recognized through prerequisites from the respective programs such as:

E25.2021 Child Development & the Program of Childhood Education
E35.2115 Infant Development
E35.2271 Child and Adolescent
E40.1771, 2 Biopsychosocial Maturation I & II
E41.2032 Nursing Strategies and the Child & Adolescent
E44.2400 Developmental Disabilities: Introduction for Physical Therapists

Examination of typical and atypical child development from the prenatal period through the early childhood years. Development is discussed within and across developmental domains and as a function of the interaction between biology and enviroment; the nature of the child/family relationship; and the influence of cultural variation. (see The Special Needs Child: Child, Family and Community)

ASSESSMENT (3 credits)

E35.2xxx Infant and Toddler Assessment

An overview of methods for assessing individual differences in perceptual, cognitive, and socio-emotional development in infants and toddlers, including variability within the normal range and disturbances in development. Individual differences will be viewed within the broader context of variations in the family and home environment, culture, etc. (see attached)

INTERDISCIPLINARY INTERVENTION (3-6 credits)

Examination of the roles, responsibilities, and input of various disciplines in early intervention. The course will both model and explore the functioning of an interdisciplinary team and the concept of role release. Includes a field component. (Field optional for those currently employed in a position relevant to early intervention.) (see Transdisciplinary Program Development and Implementation in Special Education)

SYSTEMS/FAMILY (3 credits)

Examination of management issues of families with young disabled children. (to be developed)

SPECIAL TOPICS COURSE:

(to be offered on a rotating cycle every 2 or 3 semesters) Possible topics include:

- Adolescent Development
- Cultural Diversity/Bilingualism
- Early Care Legislation P. L. 99-457
- Ethical and Legal Issues
- Neonatal Intensive Care Unit
- Parents with Special Needs
- Service Delivery Models
- Special Needs: AIDS/Homeless/Substance Abuse/Violence

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[illegible]

[illegible]

FROM: Jeanne [illegible]

RE: Discussion of "best practices"-9/10/91

The following summarizes our discussion of best practices for Early Intervention and how these practices relate to personnel preparation:

1)Early intervention service delivery models should be family focused and developmentally appropriate for the infant or child.
   a) PT and OT entry level programs are medical model oriented and spend little time on family focus in service delivery

   b) Entry level PT and OT students often focus more on hands-on skill acquisition rather than family therapist interaction

   c) Special educators usually do not have in depth knowledge of early childhood education yet often work with at risk and delayed infants and toddlers

   d) often educational curriculum offered by these people is not developmentally appropriate

   e) issues and practices in early intervention for PTs and OTs may be best addressed at the graduate level

2)Early intervention programming should take place in integrated settings

3)A team model with parents as active team members is best practice
   a) Students in all disciplines need to have knowledge of team concepts and basic communication skills

   b) students of all disciplines seem to have minimal exposure to students of other disciplines thus perpetuating poor team concepts in practice

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3) Knowledge of pertinent federal and state legislation and knowledge of the historical context of this legislation is necessary for early intervention personnel.

a) Often forms and curriculum are not changed [illegible]; this may be inappropriate because staff feel that they are not in line with "the law"

4. Case Management Services

a) Case management services are outlined in the state's [illegible] for service delivery and case management is a new [illegible] word

b) How can we integrate the case management [illegible] in personnel preparation.

c) Is an advocacy/empowerment view of case management services most practical?

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October 8, 1992

To: Early Intervention Faculty Interest group

From: Lisa Fleisher

Re: The Special Needs Child: Child, Family and Community I and II
Fall & Spring: Tuesdays 4:20-6:00

First, I want to thank everyone for all your assistance in formulating ideas that fed into the ECSE grant proposal and then for showing up, during summer vacation to help brainstorm this interdisciplinary "child development" course. As I'm sure you detected during our summer meeting, I was overwhelmed by what had to be done by the end of August. To my amazement, we advertised through massive mailings and responded to approximately 100 inquiries; Carol Millsom spent countless hours with me sorting through, and phone-interviewing applicants to award 10 scholarships; I hired a graduate assistant and two adjuncts with whom I worked to develop the four new courses, obtained emergency, temporary approval to offer the courses this Fall and established practicum sites at three preschools in Manhattan.

The students are here and the program is running...but I'm still very interested in pursuing the collaborative multidisciplinary course in typical and atypical development. This semester the course has 12 students, all involved in early childhood special education. Finding the right person, with the appropriate theoretical and experiential background was very difficult, and I am thrilled with the person I found. It is being taught by Kathy Reiss, who recently earned her Psy.D. from school psychology. Among other things, she has considerable experience with special needs children at the preschool level. The course is still evolving...and we are VERY open to your input. We hope to make this interdisciplinary in both the professors who contribute to the course as well as (in future years), the students who enroll in it.

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Minutes of EIG
October 8, 1992

Present: Professors: Fleisher, Griffin, Herzog, Hinojosa, Millsom, Shigaki
C. Lippman, New York Medical College
S. ~~Vircari~~, Rusk Institute
Biscieri

Following introductions, L. Fleisher reported on the Early Childhood Special Education Grant that was just funded for three years by the Federal government. She thanked those members of the EIG for their roles in assisting in the preparation of the proposal. A detailed discussion of the scope of the project and some of the courses followed. An emphasis on the interdisciplinary focus of each course offered and the overall area of curriculum development was included.

J. Hinojosa recommended a more focused approach to the curriculum as the broader area of child development would be too much to cover in the one year curriculum.

Biscieri
S. ~~Vircari~~ suggested the need for a look at functional groupings of preschoolers and the often misunderstood range of normalcy.

J. Herzog recommended a unit on families and understanding how they accept and cope with the diagnosis of a disabled child in the family. The impact on siblings, the marriage, social and economic factors must also be included.

J. Griffin suggested Meg McCabe as a faculty member who would contribute substantially to a course focusing on general health issues in young children.

I. Shigaki referred the the sequence of courses that have been previously developed by the group and asked for the next meeting to concentrate on finalizing that list for presentation to Dean Ross. J. Griffin will meet with the Dean in advance and request guidance on how to proceed. The next meeting will also allow for discussion of funding opportunities in both teacher training, and field initiated and other research competitions.

Next Meetings: October 22 10:15-12:00
November 10 ~~10:15-12:0~~
233 East Building 10:00-12:00

Respectfully submitted,

Jane Herzog

MINUTES OF EIG
October 22, 1992

Present: Steve Biccieri, Lisa Fleisher, Joanne Griffin, Jim Hinojosa, Carol Lippman, Harriet Oster, & Irene Shigaki

Next meeting: Thursday, November 12th, 10:00-12:00
Cochrane Room, 2nd floor East Building
Dean Ross will be joining us at 11:00
(The November 10th meeting has been cancelled.)

In preparation for our meeting with Dean Ross, it was agreed that the following points will be made:

- --History of the group
- --Development of Early Intervention Core (see attached)
- --Issues to be discussed:
  - --How might interdisciplinary collaborations best be supported?
    - --Cross listing of core courses?
    - --Listing core as E10?
    - --Including listing of core courses in SEHNAP bulletin?
    - --Opening relevant departmental courses to all of SEHNAP?

Jim Hinojosa reviewed some funding opportunities. Charlie Sprague will be sending further information to members of our group so that we can continue our discussion on November 12th.

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New York University
Interdepartmental Communication

November 2, 1992

MEMORANDUM to : Dean Jerrold Ross

from : Professor Joanne Griffin for Early Intervention Group (EIG)

re : agenda for November 12, 1992 meeting

The EIG will be meeting from 10:00 to 12:00 in the Cochrane Room (second floor East Building) on November 12, 1992. During that meeting, we would like to pursue the following agenda:

History of the group
Development of the Early Intervention Core
Issues related to the support of interdisciplinary collaboration

1. cross listing of core courses?
2. listing EIG core as E10.XXX?,or E01.XXX?
3. including listing of EIG core in Bulletin
4. opening relevant departmental courses to all SEHNAP

I have enclosed for your information a list of all people who have been involved in meetings of the EIG. In addition, I've enclosed a copy of the general statement adopted by the group in Fall 1991 regarding a basic philosophy of early intervention, a copy of the description of the Higher Education Faculty Institute which several members of the group attended here at New York University last spring semester, and a listing of the preliminary core developed in association with the grant received by Lisa Fleischer over the summer. You might be interested to know that several members of the group did meet collectively with Lisa during the summer, and that the group meets regularly about every two weeks.

Please let me know if you need or want any additional information prior to the meeting.

cc.: EIG members

New York University
Interdepartmental Communication

People Associated with the Early Intervention Group, Fall 1992

1. Steve Biccieri- Pre-School & Infant Development Center,NYUMC
2. Ester Buchholz- Applied Psychology **
Jeanne Charles- Physical Therapy **
4. Lisa Fleischer- Special Education **
5. Anne Karpel-Freilich- Speech, Language Pathology & Audiology **
6. Joanne Griffin- Nursing **
7. Jane Herzog- Para-Educator Center
8. Jim Hinojosa- Occupational Therapy **
9. Harriet Klein- Speech, Language Pathology & Audiology
10. Claudette Lefebvre- Recreation and Leisure **
11. Judy Lothian- Nursing **
12. Carol Millsom - Early Childhood **
13. Harriet Oster- Applied Psychology
14. Barbara Schwartz- Human Services, SCE **
15. Irene Shigaki - Early Childhood **

** participant in the Higher Education workshop, January-March 1992

New York University
A private university in the public service

School of Continuing Education
Division of Professional and Industry Programs
Department of Human Services and Education
Resource Access Project, Region II

EARLY INTERVENTION GROUP -
November 12, 1992

Present: Irene Shigaki, Lisa Fleisher, Harriet Oster, Jim Hinojosa, Carol Lippman, Barbara Schwartz, Joanne Griffin, Jean Charles, Harriet Klein, Stephen Biccieri

Next Meetings:
November 20, 1992 9:00 - 11:00
Location: Cochrane Room, 2nd Floor East Building
Purpose: To discuss Outreach Proposal

November 24, 1992 10:00 - Noon
Location: Cochrane Room
Purpose: To discuss development of work groups

MINUTES -

1. Carol Lippman distributed New York State 0-2 legislation.

2. Amendments to Preschool legislation passed in July 1992 will be distributed (see enclosure).

3. The following issues related to development of interdisciplinary program were raised:

   - Infant Toddler Assessment should be offered from 4:20 - 6:00 to allow students to schedule 6:10 class as well.

   - A core group of 12 - 15 credits should be planned to create an Early Intervention Certificate across disciplines.

4. Possibility of looking toward the development of an integrated early childhood demonstration program affiliated with the university was raised. This will be discussed at future meetings.

5. Possible submission of Outreach grant:

   - All EIG work group members have received RFP from Charlie Sprague. EIG group will explore the Outreach grant due 12/11/92. Appears that there is sufficient funds to cover cost of coordinator and fund students if it were developed as a specialized certificate -not a degree granting program. It appears that the group has resources in place, including courses to develop in-service early childhood grant.

- Jim Hinojosa will act as key member of group to discuss proposal. Group to meet on November 20 to begin planning.

6. MEETING WITH DEAN ROSS -

- Irene Shigaki reviewed history of work group over tne last 1 1/2 years.
- Carol Lippman outlined the Higher Education Faculty Institute and follow-up provided.
- Jim Hinojosa reviewed philosophy of group and the need for a shared core inter-disciplinary program for future practioners in the field.
- Lisa Fleisher described the early childhood special education personnel preparation training grant which has 14 students currently enrolled.
- Joanne Griffen raised issues and problems for consideration by the Dean. These included:
    - How students can be aware of the inter-disciplinary nature of the courses if offered in individual departments. Possibility of cross-listing?
    - Opening up discipline specific courses to students outside of the department.
    - Working through issues of "turf and territory" as well as having direct support within current workscope without having take on additional work in "free time".
    - There is a need to provide a mechanism for faculty members to be given support by their department heads for their time and effort in developing the Early Intervention course offerings.

- Comments by Dean Ross
    - Creating a interdisciplinary program has a precedent in the school in the humanities and arts program. Bringing courses into an interdisciplinary program enhances all departments.
    - Cross listing of courses would not be recommended. Courses that are shared can be listed as E10 or through other number and computer analysis could allocate appropriate share to each department. The work group indicated that there is a need for students to work together within classes to learn skills for their future work settings across disciplines.
    - Faculty are expected to carry three courses and should always be working on the development and enhancement of existing course offering without needing additional release time to develop a new Early Intervention group. The Dean also requested a list of courses that would be seen as

overlapping across programs.

- It also was not seen as advantageous to set up a commission to develop a program. If the course outlines do however, indicate a significant teaching across departments, their release time can be arranged. To enable the use of outside faculty overload can be easily arranged.
- It was suggested that the group might consider building into the program a coordinator to advise students and coordinate programs offered.

Minutes from EIG
Nov. 24,1992

Present: S. Bicchieri,L. Fleisher,I.ShizakiC. Lippman,J.Griffin,
J.Charles

ITEM 1:

People who were present at the grant meeting on Friday,Nov.20th discussed what had occurred at that meeting. The committee had decided that the outreach proposal was not really within the realm of what the EIG was prepared to do.Charlie Sprague arrived with a new funding proposal that seemed to be more appropriate. Both Jim and Lisa have past proposals that may be able to be modified for the new proposal.The next grant proposal meeting has been scheduled for Mon. Nov. 30th from 9-11 am in the Corcoran room 2nd flr. East building. Jim has asked that people bring a 2 pg. vitae and a one paragraph background summary.
Lisa brought up the importance of speech/language representation. Carol stated that Harriet Klein and Mary Beth had put together an Early Intervention curriculum for speech and language pathologists that may be useful.

Carol pointed out the neccessity to demonstrate collaboration with appropriate state agencies i.e. the Health Department.She suggested that we contact Donna Noyes.Donna's number is 518-473-7016.

ITEM 2:

Meeting times for the group were discussed. People are asked to hold the following dates for scheduled meetings of the entire group: 2/22/93
3/29/93
4/12/93
5/5/93
All meetings will be held from 10am.-noon in the conference room 2nd floor East Building. These dates and time seemed the best for everyone.

ITEM 3:

Carol's and Mary Beth's grant will end in September 1993. They will be spending next summer completing neccessary final reports.Carol asked the group's permission to use us(the group) as a"case study". Those people present gave their permission particularly after a discussion that was held regarding making the group more visible within the University.

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Irene stated that University public relations wanted to write an article concerning the group for a newsletter. After discussion, it was decided that Irene would invite someone from public relations to a meeting.

ITEM 4:

Task Groups were set up to begin work on course areas that need to be more clearly defined. Three task groups were set up;each with a designated convener.Thet are as follows:

1) Child Development -convener: Lisa Fleisher
   members: J. Charles

2) Family Systems-convener: Joanne Griffin
   members: I. Shigak
   C. Millsom?

3) Interdisciplinary Interventions-convener: Claudette Lefebvre
   members: S. Bicchieri
   J. Hinojosa

Task groups were developed from outline of core courses that the group had proposed. It is there charge to define a course with objectives and outline following the guidelines on the outline forms for SEHNAP/CCF. People are asked to contact the convener for the task group on which they would like to serve by Dec. 4th. Conveners are asked to structure meeting for groups so that each group will be able to present at the 2/22/93 meeting.

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CHILD DEVELOPMENT (3 credits)
Sufficient grounding in development from birth through death is recognized through prerequisites from the respective programs such as:

E25.2021 Child Development & the Program of Childhood Education
E35.2115 Infant Development
E35.2271 Child and Adolescent
E40.1771, 2 Biopsychosocial Maturation I & II
E41.2032 Nursing Strategies and the Child & Adolescent
E44.2400 Developmental Disabilities: Introduction for Physical Therapists

Examination of typical and atypical child development from the prenatal period through the early childhood years. Development is discussed within and across developmental domains and as a function of the interaction between biology and enviroment; the nature of the child/family relationship; and the influence of cultural variation. (see The Special Needs Child: Child, Family and Community)

ASSESSMENT (3 credits)
E35.2xxx Infant and Toddler Assessment
An overview of methods for assessing individual differences in perceptual, cognitive, and socio-emotional development in infants and toddlers, including variability within the normal range and disturbances in development. Individual differences will be viewed within the broader context of variations in the family and home environment, culture, etc. (see attached)

INTERDISCIPLINARY INTERVENTION (3-6 credits)
Examination of the roles, responsibilities, and input of various disciplines in early intervention. The course will both model and explore the functioning of an interdisciplinary team and the concept of role release. Includes a field component. (Field optional for those currently employed in a position relevant to early intervention.) (see Transdisciplinary Program Development and Implementation in Special Education)

SYSTEMS/FAMILY (3 credits)
Examination of management issues of families with young disabled children. (to be developed)

SPECIAL TOPICS COURSE: (to be offered on a rotating cycle every 2 or 3 semesters) Possible topics include:

Adolescent Development
Cultural Diversity/Bilingualism
Early Care Legislation P. L. 99-457
Ethical and Legal Issues
Neonatal Intensive Care Unit
Parents with Special Needs
Service Delivery Models
Special Needs: AIDS/Homeless/Substance Abuse/Violence

Minutes of EIG
February 22, 1993

Present: S. Bicchieri, L. Fleisher, C. Lippman, C. Millsom, I. Shigaki, & Guests - Birgit Dyssegaard & Colleen Troy

Colleen Troy from the Office of Public Affairs sat in in our meeting to learn about the functioning of our group. She will be joining us again at our March meeting. Birgit Dyssegaard, Chief Psychologist of the Public School System in Copenhagen, currently on leave also joined us. She indicated an interest in attending our meetings regularly from April when she will return from a trip home. Please add her to our mailing list:

Birgit Dyssegaard
Chief Psychologist, cand psych
429 East 52nd St., Apt. 28-C
New York, NY 10022
(212) 838-1226

A review was made of our chief agenda item, the development of the core courses. It was recommended that conveners of each of the three task forces be encouraged to meet at least once prior to our next total group meeting on March 29th. All active members of EIG were tentatively assigned to one of the groups with the hope that they would be willing to serve. The groups are as follows:

Child Development - Lisa Fleisher, convener
- Members: S. Bicchieri
  - J. Charles
  - H. Oster
  - H. Klein (after March)

Family Systems - Joanne Griffin, convener
- Members: J. Lothian
  - C. Millsom
  - I. Shigaki

Interdisciplinary Intervention - Jim Hinojosa, convener
- Members: S. Bicchieri
  - B. Schwartz
  - B. Dyssegaard (from April)

Lisa shared course materials for E75.2126-7, The Special Needs Child currently being offered on her grant. Copies will be sent to members of the task forces above. The materials should be helpful to us in the development of our core courses. We may also want to give some thought to the issue of overlap & redundancy.

NEXT FULL GROUP MEETING: MARCH 29TH, MONDAY, ROOM 233 EAST BLDG.

Dr. Harriet Oster
Spring, 1993

Infant and Toddler Assessment

This course provides an overview of methods for assessing individual differences in perceptual, cognitive, and socio-emotional development in infants and toddlers (0-2 years), including differences within the normal range and disturbances in development. Individual differences will be viewed within the broader context of variations in the family and home environment, culture, etc.

Basic Texts and Overviews

Gibbs, E. D. and Teti, D. M. (1990). Interdisciplinary assessment of infants: A guide for early intervention professionals. Baltimore: Brooks Cole.

Greenspan, Stanley. (1986). First feelings: Milestones in the emotional development of your baby and child. NY: Penguin Books.

Nugent, K. J., Lester, B. M., and Brazelton, T. B. (Eds.). (1989). The cultural context of infancy. (Vol. 1). Norwood, New Jersey: Ablex Publishing Corporation.

Other readings as assigned. Required and recommended readings will be designated for each class meeting. Recommended readings will provide background for papers and presentations. Videotapes of PBS Childhood series and other tapes will be on reserve in the library.

Prerequisites: Developmental Psychology (E35:2271) and Infant Development (E35:2115).

Course requirements:

You may do two papers or one paper and a presentation: One should cover material from the first half of the semester, the other, material from the second half.

A. Presentation (from 15-30 min.): You may present relevant research findings on one or more of the assessment instruments covered, discussing the capacities measured, relevant theoretical and/or methodological issues, clinical relevance, etc.; or you may present the results of your own observations--see B (2) below. You may use slides, video, illustrations, etc.--or prepare a "live" demonstration.

B. Papers: The papers can take one of two forms:

(1) Summarize and discuss the theoretical, clinical, or methodological issues raised by the readings, demonstrations, and class discussions. For example, you may (a) compare two or more instruments designed to assess the same aspect of development; (b) put together an "ideal" test battery, from available instruments, to assess an infant's overall functioning; (c) discuss assessment issues relevant to particular populations, etc.

(2) Discuss your experience administering one or more assessment instruments with infants of the appropriate age. You may compare results of two different tests on the same infants or compare several infants using the same test, etc.

Class participation: All readings are required unless otherwise specified and should be read prior to each class meeting. To facilitate discussion, please come to class armed with one or more burning issues (theoretical, clinical, empirical, or methodological) raised by the readings.

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DR. CAROL MILLSOM

PROFESSOR

EARLY CHILDHOOD AND ELEMENTARY EDUCATION

NEW YORK UNIVERSITY

Dr. Millsom is a Professor in the Department of Early Childhood and Elementary Education at New York University School of Education, Health, Nursing, and Arts Professions (SEHNAP). The programs in early childhood and elementary education prepare teachers and other professionals for positions in the field of childhood education-infancy through later childhood. Graduate pre- and in-service programs lead to the Master of Arts degree and fulfill academic requirements for permanent teacher certification, N-6.

Background

Dr. Millson is a full Professor in the Department of Early Childhood and Elementary Education. She holds her Ph.D. from Cornell University. She has taught in higher education for 25 years and her areas of interest are theory and research in child development as it applies to children in schools, especially those in early childhood programs.

Motivation

Dr. Millson, a member of SEHNAP's Interdisciplinary Team, participated in the second Higher Education Faculty Institute held on January 23, 30 and February 13, 20, 27 1992. She was recruited for the Higher Education Faculty Institute by two members of SEHNAP's Interdisciplinary Team, Prof. Jeanne Charles, Department of Physical Therapy and Ms. Anne Karpel Freilich, Department of Speech-Language Pathology and Audiology both of whom participated in the first Higher Education Faculty Institute.

Dr. Millson reports the primary motivating factors in her participation in the Higher Education Faculty Institute were to become better informed about national issues in early intervention, to become better informed about best practice in early intervention and to better understand principles of early intervention.

Program Description

The program in Early Childhood and Elementary Education offers programs of study to prepare teachers and other professionals for positions in the field of childhood education (infancy through later childhood and special education). These include an undergraduate preservice teacher preparation program leading to the B.S. degree and recommendation for provisional state teacher certification (N-6), and graduate pre-and in-service programs leading to the M.A. degree and fulfilling academic requirements for permanent teacher certification (N-6). Early childhood and elementary education also offers programs of advanced study leading to the Ph.D. and Ed.D. degrees and to the sixth-year Certificate of Advanced Study.

INSTITUTE III

ARLENE WISAN

CLINICAL COORDINATOR

SPEECH AND HEARING CENTER

ST. JOHN'S UNIVERSITY

Ms. Wisan is a Clinical Coordinator at the Speech and Eharing Center at St. John's University. She supervises many students in their practica experience and teaches speech and language development.

Background

Ms. Wisan has a M.S. degree in Speech and Language and is a Certified Speech Pathologist. She has been teaching for 21 years in Higher Education. Ms. Wisan's specific area of research interest is speech-language disorders in children.

Motivation

Ms. Wisan was motivated to participate in the Higher Education Faculty Institute primarily in order to better understand the principles of early intervention into her curriculum. She felt that she needed more information about best practice in early intervention in order to achieve that goal.

DR. DONNA GEFFNER

DIRECTOR, SPEECH AND HEARING CENTER

ST. JOHN'S UNIVERSITY

Dr. Geffner is a Professor of Speech at St. John's University. She was the Chair of the Department of Speech, Communication Sciences and Theatre at St. John's and is currently the Director of the Speech and Hearing Center.

Background

Dr. Geffner has her Ph.D. in Speech Pathology from New York University. She teaches in Speech and Language Pathology and Audiology. Dr. Geffner has been in higher education from 20 years and her area of research interest are language skills of the deaf and hearing impaired; Attention Deficit Disorders; and Central Auditory Processing.

Motivation

Dr. Geffner had been a participant in the Regional Planning Groups (RPG) in New York. She was primarily responsible for having a Higher Education Faculty Institute held at St. John's University.

Dr. Geffner's primary reason for participation in the Higher Education Faculty Institute was to learn more about the principles of early intervention and she recommended that the members of the facutly of the Department of Speech, Communication Sciences and Theatre participate.

PERSONNEL PREPARATION FOR INFANT-TODDLER POPULATION

Donna Geffner

The Project

This project will attempt to attract a nucleus of individuals, many of whom are working in the schools with B.A. or M.A. degrees, or are attending graduate schools in ancilliary areas. These individuals will participate in a certificating program developed to prepare them to work with the Infant-Toddler population. Courses and practicum will comprise this 21 credit program. Graduate coursework will include some current offerings as well as new offerings directly relevant to meet the needs of this young population. A clinical practicum will offer experience at a therapeutic nursery during a 6 week Summer program. The program will be made available to working students during evening hours, so that teachers may return to school to improve their skills while not having to give up their livelihood. One could complete the program, if 2 courses per semester are taken, over 3 semesters including a Summer session. A certificate will then be awarded.

At present, there are no requirements emanating from the State Department of Education specifying qualifications necessary for personnel working with this population. We would like to be innovative by providing such a curriculum to meet personnel needs for this specialized population. The curriculum will be interdisciplinary, offered by three departments and coordinated by specialists in Psychology, Speech-Language Pathology and Early Childhood Education.
Courses will be taught by these or other expert instructors to a variety of students from multi-cultural backgrounds.

Students from ethnic minorities will be recruited for this certificating program. Funding is requested to support 10 students of minority backgrounds through this training program. Support includes tuition and registration fees.

Purpose

The purpose of this project is to comply with Federal Legislation, meet requirements and reduce personnel shortages in specialized areas.

The Federal Law 99-459 provides for services and special education for the birth to 5 year old population with early identification for birth to 2 year olds. This legislation has had great impact on the provision of services in early childhood centers. Many staff clinicians, unfamiliar with infants and toddlers, have found themselves evaluating and servicing these youngsters in "therapeutic nurseries."

On October 30, 1990, President Bush signed the Individuals with Disabilities Act (IDEA) into law. This act reauthorizes the discretionary programs included in P.L. 99-457 and provides funding through the next 4 years. Discretionary programs include the early intervention program for infants and toddlers, the preschool program for children ages 3-5, special education personnel development, and other programs. Authorization of funds for training programs was increased significantly, $93.9 million in Fy 91, rising to $120.4 million in FY 94.

The Education of the Handicapped Act (EHA) Part B state grants received the largest increase in funding with more than $300 million for Fy 91 which sets new funding at $1.854 billion. For Preschool Grants and Part H Grants for Infants and Toddler, $292.77 million and $117.11 million have been allocated respectively. An appropriation of $69,289 million was accepted for special education personnel development. Parent training was made a separate program with funding of $9.76 million. Personnel training increased by 27%. The appropriations committees have clearly indicated the level of import by the increased distribution of such funds to programs for infants and toddlers.

However, it has been documented that early intervention is focussing a critical shortage in personnel trained to provide services under P.L. 99-457 (Meisels, Harbin, Modigliana and Olsen, 1988). This current shortage of early intervention personnel has resulted, in part, from the specialized requirements of infant/toddler service delivery. The preparation of infant specialists requires the development of competencies and skills which are qualitatively different from the skills typically included in programs training personnel to work with preschool-aged children (Bailey, 1989; Bailey, Farrel, O'Connell, Simeonsson and Miller, 1986; McCollum and Thorpe, 1988). This belief was affirmed by 89% of the respondents to a survey on early childhood personnel preparation programs conducted by Bricker and Slentz (1988), as cited in Bruder, Klosowski and Daguio, 1989.

Our purpose is to train the personnel in areas of psychology, speech-language pathology early childhood education, special education to be prepared to evaluate this young population by having a comprehensive understanding of the processes of behavioral, neurological, neuromotor, cognitive, speech, language and hearing and psychosocial development; to have a knowledge of their deviance; and to provide intervention services. To provide treatment requires a knowledge of behavioral characteristics, therapeutic contingencies, learning strategies and case management particular to this population.

This population, like the demographics of the nation in the 1990's reflects a more racially diverse population of children and educational programs will have to provide services for this group. It is therefore imperative that racially diverse clinicians be recruited and trained to work with these children. In spite of manpower shortages (decrease in the number of students entering health care fields, especially speech pathology), there is a need to encourage individuals, especially minorities, to study these disciplines and enter the health care fields well prepared.

The purpose thus is to recruit, train and prepare individuals, particularly those from diverse racial groups, to work with the infant-toddler population in early childhood centers/schools. A program for personnel preparation is planned which will provide knowledge, skills and practicum experience in the fundamentals of child development, assessment and early identification of handicapping conditions, along with intervention with the handicapped youngster in a multi-disciplinary setting where knowledge is integrated.

A consensus of the content of programs receiving funding under the infant personnel preparation grant competition sponsored by the Office of Special Education and Rehabilitative Services, U. S. Department of Education, indicated that course titles used across the successful proposals included infant assessment, family issues, intervention techniques, infancy, medical issues, team processing, program administration and developmental areas (Bruder and McLean, 1988).

Competences cited were assessment, family involvement, program implementation, teaming, program administration, program planning, typical development and atypical development (Bruder, 1990).

Importance and Potential Contribution

National trends show us that professional associations are encouraging their members to become better prepared. Some are even providing programs, workshops, continuing education coursework. Others are making less significant attempts to upgrade the skills and knowledge of clinicians. There are no published or known specified requirements or state guidelines for personnel qualifications to service this population in New York.

At this time there is a lack of up-to-date information on the certification, licensure and/or credentialing process for all 10 professions as they deliver services to infants and toddlers. The Pediatric Research and Training Center at the University of Connecticut School of Medicine collaborated with the National Early Childhood Technical Assistance System (NEC*TAS), The Carolina Institute of Child and Family Policy, and the Carolina Institute for Research on Infant Personnel Preparation, to collect information on the status of personnel standards, for P. L. 99-457. The study focused on generating information on the following three questions:

1. What states have licensure/certification for specialists within the 10 disciplines who will serve infants/toddlers (birth to 3 years) under Part H of P. L. 99-457?
    a) Which states have state standards?
    b) Which states use standards developed by national professional organizations?

2. What states have licensure/certification for specialists within special education and related services under Part B of P. L. 99-457 (3 through 5 years)?

3. What types of licensure/certification occur across disciplines (birth through 5 years)?

   a) Is the licensure based on coursework, degree, or competencies?

   b) If degree based, is an undergraduate or graduate degree required?

   c) Are national exams used?

   d) How many levels of certification/licensure?

A telephone survey of the 50 states and the District of Columbia was conducted during the spring of 1989 to collect data on the credentialing processes and statutes governing the 10 professional disciplines described in Part H of P. L. 99-457. The professional disciplines included: Special Education, Physical Therapy, Occupational Therapy, Speech Pathology, Audiology, Nursing, Medicine, Nutrition, Psychology, and Social Work.

Forty-nine of the fifty-one Part H coordinators responded by phone to the questionnaire. Approximately thirty-three of these coordinators referred the PRTC's research assistant to other persons or agencies within their state in order to complete the questionnaire. The results of the three questions are presented seperately.

Only one state (Idaho) reported standards specific for personnel serving infants and toddlers age birth to three in place for all ten disciplines recognized under P. L. 99-457. This state is using Medicaid guidelines to accomplish this. Two other states (Alaska, North Carolina) reported standards specific to birth to three in place for special educators only, and New Jersey reported standards for eight disciplines.

Most of the states do report having standards for a majority of the disciplines for children from age birth and above. These standards are not specific to the unique needs of infants and toddlers. The disciplines least likely to have standards for services to children beginning at birth were nutrition and special education.

Four states report certification specific to the birth to three population for special educators and 15 states require some type of certification for special educators providing services to children in a broader age category beginning at birth. Three of the four states requiring specialized certification for special educators birth to three have created a new position within their state called "infant specialist". These states are Alaska, Idaho, and North Carolina.

The third question collected information on the types of standards in place across disciplines. Licensure was used by the majority of disciplines with the exception of special education, which exclusively used a certification process. This is not surprising since certification is the process used by most state Departments of Education to regulate personnel providing services through a school system.

The majority of states use a degree based credentialing process, with only four instances of competency based credentialing and ten instances of a combination of competencies and coursework.

Graduate degrees are most prevalent for psychology, social work, medicine, speech and audiology.

Thirty five states reported having a personnel preparation committee in operation as part of their Interagency Coordinating Council for Part H, and four states are in the process of beginning such a committee.

P. L. 99-457 has stimulated many early intervention service delivery changes for infants and toddlers with disabilities and their families. Unfortunately, there exists a lack of trained personnel available to implement these services. At present, there are few regulatory standards in place specific to personnel providing services to infants and toddlers. This fact has been substantiated by state Part H coordinators for infant and toddler services, as well as by regulatory agencies within each state.

The data which were collected through the survey conducted by Bruder, Klosowski and Daguio, 1989 suggest that many states are using personnel standards which regulate services to a broader age range than birth to three. While this status assures that certified or licensed professionals will be used to deliver services (and in fact, meet the regulations of the law), many concerns exist as to the appropriateness of these standards to regulate services which should be specialized for infants, toddlers and their families (Smith & Powers, 1987).

Need for Personnel

The contribution this graduate certificating program will make is that initially (15) people will exit prepared to work with the Infant-Toddler population, especially in inner city facilities delivering services to a multi-cultural population. Many, who will be bilingual will have the skill to evaluate youngsters in their native language to assess their potential and communicate with the parents and families - all with fundamental knowledge and expertise.

Many graduate programs do not provide coursework or practicum experience in working with children at the infancy level. Some have courses with the content covered as a unit. Others infuse it through practicum experience. There is no bonifide curriculum for this express content area or age group in either a psychology graduate program or a speech-language or a special education/early childhood education graduate program.

This project will produce qualified individuals who will go out to early child worksettings and teach others, thereby spreading the knowledge and insuring that appropriate instrumentation will be used and interpreted accurately.

Early child intervention will have little value if there are insufficient personnel to effect the programs. Only when there are sufficiently trained clinicians and program managers will the true spirit of the law PL-99-457 come to fruition.

Training Program

The training program will consist of; recruitment of 15 appropriate students, enrollment of students into the program, monitoring their progress and training through 21 credits of graduate coursework; provision of sufficient practicum experience; and placement in designated facilities following completion.

Recruitment

The certificate program will be advertised in local association and trade journals. Individuals will be personally recruited from graduate programs and from faculty in public elementary schools or preschools. Applicants must be either currently enrolled in a graduate program in either Speech Pathology, Psychology or Education, or have a Master's Degree and be desirous of returning to school to update skills.

Student applicants must have academic credentials consisting of a 3.0 cum index and present two letters of endorsement from professionals in their respective fields. It is hoped that for each enrollee, tuition and fees will be paid by the grant.

Program

A 21 credit program will consist of 18 academic credits (6 courses) and 3 practicum credits (150 hrs.). Courses will be offered in the evening across 3 semesters. The clinical practicum will be provided in the summer at an outside affiliated facility. The program will be "part-time" to permit working participants to keep their full-time employment while attending graduate/post graduate school. However, summers must be made available for full-time practicum work. In order to obtain 150 hours, one must commit to a minimum of 25 hours per week for a 5 day week over a 6 week period. (July 1-August 15). These hours must be closely supervised and contain a varied and sufficient exposure to identification, instrumentation, intervention and parent counseling.

Courses to be offered are either currently part of a graduate program offering or are newly designed to meet multi-disciplinary needs.

The 21 credit program consists of the following coursework:

Speech-Language Pathology

* Spe 203 Models of Language Behavior
Spe 321 Speech and Language Programs for Pre-Schoolers (Infants and Toddlers)

Psychology

* Psy 667 Pediatric Psychology
* Psy 666 Introduction to Interviewing and Counseling

Special Education

Ed 7122 Programs in Early Childhood Education
Ed 9006 Human Development in Cross Cultural Perspectives

Interdisciplinary (IT)

Intervention for Infants and Toddlers
Human Growth and Development, Prenatal to Age 3
Developmental Assessment of Infants and Toddlers
Developmental Delays in Early Childhood
Counseling and Preparation of Parents in the Assessment and Intervention Process - Each course is 3 credits.

* Required courses. Students must take 3 designated courses but have an option to select three additional courses that may be relevant to educational background and employment needs.

Clinical Practicum in Infant-Toddler Programs

This is a 3 credit course which involves the placement of a student at an externship site that is primarily a therapeutic nursery or preschool setting. Here the student will receive supervision in early identification, testing, use of instrumentation, participation on a team, report writing, training, developing home programs, parent counseling, parent training for management and case management and referral. The student will work in a multi-disciplinary setting along with the Center's psychologist, nurse, physician, early child educational specialist, speech-language pathologist, audiologist and administrator.

After taking the program for 16 months (3 semesters plus a summer), each student will be evaluated. Placement into early child facilities will be made. Graduates will be given training so they could provide inservice training to staff at the facilities in which they are placed. The facilities will consist of the ones participating in the practicum program. Their contribution will be rewarded by obtaining a better trained staff member who is obliged to share his/her knowledge with other staff and administrators - thus spreading the enlightenment to many more people and giving the certificate program wider impact and value.

Personnel and Resources:

Personnel - This project will need a coordinator with expertise in infancy and early child development, impairment and assessment. The coordinator will be responsible for recruitment of candidates, recommending applicants to graduate admissions committee, counseling and advising participants regarding courses, placement of participants in outside facilities, monitoring their overall performance and ultimately placing students in employment facilities upon graduation. In addition, it is anticipated that this person will also teach one to two courses per semester in the area of his/her expertise. Other courses requiring expertise will be taught by university faculty or adjunct faculty recruited by the coordinator. This person will also evaluate course offerings, student evaluations and outcome of the program and provide an analysis to the graduate interdisciplinary team.

Qualifications for the coordinator will consist of a Ph. D. degree (or Ed. D.), with trianing and expertise in early childhood, infancy and development. This person should have at least 2 years college teaching experience and have been affiliated with an early child facility as either a clinician or an administrator. This shall be a full-time administrative position for 11 months.

Resources

Resources needed are teaching materials, testing materials appropriate for birth-3 year olds, video cameras, playbacks and tape to record behavior for observation and analysis.

Auditory Screener "Audioscope" to screen hearing and conduct tympanometry readings on this difficult-to-test population. Other screeners to determine physiologic intactness.

The university has the above resources. New tests may need to be purchased for multiple users along with another camera (mini-cam unit) to enable videotapes to be made at a variety of settings.

Outside facilities will include early childhood intervention programs to provide practicum experience. Such facilities available through current contractual agreement are:

Project Giant Step - Head Start
First Step
Sunshine School
ICCD
Schneider Children's Hospital - L. I. J.
Stepping Stone
Pryor Daycare Center

MANAGEMENT AND OPERATING PLANS

The coordination will be managed by the Project Coordinator responsible to the Tast Force consisting of the four faculty members all under the auspices of the Vice President for Health Professions, Clinical Services and Research.

Budget will be alloted through the Grant Office and will be administered by the Coordinator with the Vice President having final approval.

During the summer months, Continuing Education Institutes will be offered to provide an update of skills for individuals in childhood settings who wish to "retool" or fine tune their knowledge base. The Coordinator and Task Force will develop a week-long program for 24 hours to cover topic areas of relevance and disseminate materials helpful in the provision of services.

At the completion of the training program there will be documentation and evaluation of the effectiveness of the activities, instruction and experience. Students will participate as will practicum site supervisors and employers. All participants will be selected without regard to race, color, nationality, gender, age or handicapping condition.

All phases of the program will be evaluated as follows:

Recruitment

Does the project seek, attract, enrol, and retain qualified minority candidates?

What was the outcome?

Training

Did instructors provide adequate and comprehensive information?

Were courses informative, useful, applicable?

Did participants exit with a wider knowledge base, better able to work with the Infant-Toddler population?

Were practicum sites sufficient to provide experience?

Was supervision adequate and stimulating?

Placement

Are employers satisfied with participant's skills and knowledge?

Can participants train other staff and provide inservice sessions to update staff knowledge?

Seminars

Are summer institutes attracting the appropriate population?

Do participants feel they are exiting with more knowledge than they commenced with?

Will these programs have impact on EME facilities?

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INNOVATION GRANTS

Proposed Budget

Year One

Personnel	Project Coordinator $35,000		$35,000
Fringe Benefits	$6,300		$6,300
Equipment	Audioscope	$1,200	
Uzigili's	Uzinlli Scales	100	
	Mini Cam	1,100	
	SICD Test	300	2,700
Supplies	Repro.	500	
	Office Supp.	500	
	Printing	500	
	Mailing	200	1,700
Contractual			
Construction			
Other	Student Enrollment $6,000 per student Tuition & Fees-15 students		90,000
	Recruiting & Local Travel		1,000
	TOTAL DIRECT CHARGES		$136,700
	INDIRECT CHARGES		
	TOTALS		

DR. AUDREY HOFFNUNG

CHAIR

DEPARTMENT OF SPEECH, COMMUNICATION SCIENCES AND THEATRE

ST. JOHN'S UNIVERSITY

Dr. Hoffnung has assumed the position of Chair of the Department of Speech, Communication Sciences and Theatre at St. John's University as of September 1992.

Background

Dr. Hoffnung is a Professor of Speech and Language at St. John's University. She has a Ph.D. from the City University of New York and has been teaching in higher education for 18 years. Dr. Hoffnung's area of research interests are child language development and English as a second language.

Motivation

Dr. Hoffnung's primary motivation for participation in the Higher Education Faculty Institute was to become better informed about national issues and best practice in early intervention. She was not sure if or how she would infuse the information from the Institute into her curriculum but she was interested in learning more about the field of early intervention.

PROF. MARJORIE NORTH RUTT

CLINICAL SUPERVISOR (SPEECH-LANGUAGE PATHOLOGY)

ST. JOHN'S UNIVERSITY

Prof. North Rutt is a member of the faculty at St. John's University. Prof. Nother Rutt teaches in the Speech program and is a clinical supervisor in the Speech and Hearing Center.

Background

Prof. North Rutt has been on the faculty at St. John's for 6 years. Prof. North Rutt has a M.A. degree and in Speech pathology and is a Certified Speech Pathologist. She teaches speech and language development. Prof. North Rutt' specific area of research interest is child language development and developmental delays.

Motivation

Prof. North Rutt was motivated to participate in the Higher Education Faculty Institute because she felt that the information would be useful in her teaching. Currently her curriculum lacks information on early intervention and she was looking forward to becoming better informed about national issues and best practice in early intervention.

DR. TINA JUPITER

AUDIOLOGY

ST. JOHN'S UNIVERSITY

Dr. Tina Jupiter teaches Audiology in the Department of Speech, Communication Sciences and Theatre at St. John's University.

Background

Dr. Jupiter has a Ph.D. in Audiology. She is a Certified Audiologist and has been on the faculty of St. John's University since January, 1991.

Motivation

Dr. Jupiter was motivated to participate in the Higher Education Faculty Institutes in order to learn more information about best practice in early intervention in order to integrate some of the material into her curriculum.

DR. NANCY GARR

ASSOCIATE PROFESSOR

DEPARTMENT OF SPEECH, COMMUNICATION SCIENCES AND THEATRE

ST. JOHN'S UNIVERSITY

Dr. Garr is a member of the faculty in Speech Pathology at St. John's University.

Background

Dr. Garr has a Ph.D. in Speech and Language Pathology and is a Certified Speech Pathologist and Audiologist. Dr. Garr has been in higher education for 20 years and teaches courses in hearing impaired and speech and language development. Her specific area of research interest is speech and language skills and assessment of the deaf and hearing impaired; and speech and hearing sciences.

Motivation

Dr. Garr was motivated to participate in the Higher Education Faculty Institute specifically to become better informed about national issues in early intervention. She felt that it was important to become better informed about best practice in early intervention so that she could integrate the principles of early intervention into her curriculum.

Program Description

DEPARTMENT OF SPEECH, COMMUNICATION SCIENCES AND THEATRE

The master's degree program at St. John's University is housed in the Department of Speech, Communication Sciences and Theatre, in the Graduate School of Arts and Sciences. It is accredited by the Educational Standards Board of the American Speech-Language-Hearing Association in both Speech-Language Pathology and Audiology.

The 42 credit master's degree program in designed to provide the academic and clinical preparation required to meet New York State Licensure and ASHA Certification requirements in Speech-Language Pathology or Audiology. The program is designed to allow completion in three semesters plus one summer.

There are three major components in the course of study: first, a basic core of courses taken by all students; second, a major concentration of courses selected in consultation with the major advisor; third, a research component, including a research tool.

SPEECH AND HEARING CENTER

The Speech and Hearing Center has offered diagnostic and therapeutic services for communication disorders since 1976. Located on the Queens Campus of St. John's University, the Center serves the Queens Long Insland and Metropolitan New York Community. The population ranges from infancy through adulthood. The Center's staff consists of ASHA Certified and New York State licensed professionals who work with each client to completely evaluate and assess the communication disorder as well as design intervention strategies for a therapy program.

The Center serves as a training site for St. John's University students enrolled in the Speech-Language Pathology/Audiology program. Therapy is provided by professionals and by students under direct supervision. The Center is a fully equipped facility housing the latest diagnostic, therapeutic materials and instrumentation. Two audiometric suites are on site to provide audiological evaluation and hearing aid fitting.

Follow-up Contacts and Goals

Follow-up meetings were held with the group and with some of the individual participants. Dr. Hoffuning, Dr. Geffner, and Dr. Jupiter attended the follow-up meeting held on October 29, 1992 to review provisions of the EarlyCare legislation with Dr. Noyes from New York State Department of Health.

FIRST FOLLOW-UP MEETING

The first follow-up meeting was held on October 5, 1992 at St. John's University with Donna Geffner, Audrey Hoffenug, Jay Lucker, Tina Jupiter, Arlene Wisan and Nancy McGarr present. Discussion centered on the group's need for follow-up services. There was a consensus that the group has been made aware of best practice in early intervention but that there are some philosophical differences with the concept of family directed care. Individual members are discussing PL 99-457 in their classes. The staff of the Speech and Hearing Center, with Dr. Geffner as Director, were particularly interested in the impact of the EarlyCare legislation on the work of the Center. The group was reluctant to make any further commitments to ongoing follow-up contacts.

FIRST FOLLOW-UP MEETING WITH DR. LUCKER

This meeting was held on October 5, 1992 at St. John's University after the Group meeting. Dr. Lucker teaches a course in Communication Disorders in the Spring semester. This course is currently divided into early childhood (3-5 years), childhood and adulthood. Dr. Lucker wants to revamp the course to add 4 sessions on early intervention: PL 99-457, Family directed care, Teams, IEP/IFSP. Dr. Lucker and Dr. Lippman will meet again once Dr. Lucker has developed an outline for the course to review readings and outline.

SECOND FOLLOW-UP MEETING

The second follow-up meeting was held with Dr. Geffner on Ocotber 29, 1992. Dr. Geffner is preparing a proposal for funding minority students across disciplines to train students to work with infants and toddlers with disabilities and their families. Dr. Lippman and Dr. Geffner discussed the ways of involving other departments at St. John's to make it a truly interdisciplinary program. She will network with other faculty members and will discuss her progress at the next follow-up meeting.

THRID FOLLOW-UP MEETING

This meeting was held with Dr. Geffner on February 8, 1993. Dr. Geffner wants to write an interdisciplinary grant with members of other departments at St. John's. She is experiencing difficulty getting help from the Office of Research at the University. It was suggested that Dr. Geffner call Washington to be put on the list for the Federal Register and to do some outreach to other department members. Dr. Geffner indicated that she would call Dr. Lippman for further assistance should she get any cooperation from other faculty at St. Johns.

DR. JAY LUCKER

AUDIOLOGY

ST. JOHN'S UNIVERSITY

Dr. Lucker teaches Audiology at St. John's University. He is a member of the faculty in the Department of Speech, Communication Sciences and Theatre.

Background

Dr. Lucker has an Ed.D. and is a Certified Audiologist. He teaches courses in hearing impaired and speech and language development. He has been on the faculty at St. John's since January 1991.

Motivation

Dr. Lucker was motivated to participate in the Higher Education Faculty Institute in order to become better informed about best practice in early intervention so that he could infuse best practice into his curriculum.

INSTITUTE IV

PROF. MARGARET KAPLAN

ASSISTANT PROFESSOR

DEPARTMENT OF OCCUPATIONAL THERAPY

STATE UNIVERSITY OF NEW YORK

HEALTH SCIENCE CENTER AT BROOKLYN

Prof. Kaplan is an Assistant Professor in the undergraduate program in Occupational Therapy at the Health Science Center at Brooklyn. This program offers a Bachelor of Science degree, with a major in Occupational Therapy.

Background

Prof. Kaplan is an Assistant Professor of Occupational Therapy and has been at SUNY for 1 1/2 years. She holds a Master's degree in Occupational Therapy and is currently enrolled at New York University in the doctoral program in Occupational Therapy.

Motivation

Prof. Kaplan's primary motivation for participation in the Higher Education Faculty Institute was to be better informed about national issues in early intervention as well as to become more familiar with best practice in early intervention. Prof. Kaplan intends to infuse best practice of early intervention into her higher education curriculum.

Program Description

The Occupational Therapy program offers a two-year, upper division curriculum leading to the Bachelor of Science degree with a major in Occupational Therapy. Requirements include basic academic courses, supervised clinical placements and full-time fieldwork experience designed to provide the knowledge, attitudes and skills necessary to begin a professional career in occupational therapy.

During the junior year, students study basic sciences (anatomy, neuroanatomy, physiology, kinesiology), normal growth and development, occupational therapy theory, living skills and medical sciences. During the senior year, students study the theory and practice of occupational therapy. They are assigned placements in geriatrics, psychosocial dysfunction, physical dysfunction and pediatrics, for two full days each week to gain practical experience in evaluation and treatment.

The Bachelor of Science degree is awarded after completion of all academic requirements and six to nine months of full-time fieldwork experience. A part-time program in which the first year is completed in two years is also available.

Follow-up Contacts and Goals

Prof. Kaplan has participated in follow-up activities. She attended the large group meeting on October 30, 1992 to review provisions of the EarlyCare legislation with Dr. Donna Noyes from the New York State Department of Health. Professor Kaplan's goal is to use some of the material on early intervention in her teaching and to collaborate with other members of her department in renewing a preservice grant.

FIRST FOLLOW-UP MEETING

Prof. Kaplan met with Dr. Lippman on October 1, 1992 at the SUNY campus in Brooklyn. Her initial goals are:

1. to work with members of the Occupational and Physical Therapy faculty to re-write a preservice training grant in early intervention for a 3 month stipend for post-BA students. This grant had been funded in 1992 but lost the funding in 1992.

2. to revise her course outline for Pediatric Theory and Practice II which is a senior level course. Prof. Kaplan wants to add information

regarding P.L. 99-457 and to increase the section on developmental evaluation.

3. to revise the Growth and Development course, for Occupational and Physical Therapy students in the junior year to add information regarding history of early intervention and team development. Prof. Kaplan wants to explore making this course one full semester instead of 1/2 semester that Prof. Kaplan has to teach.

SECOND FOLLOW-UP MEETING

The second follow-up meeting was held on October 30, 1992. This was a large group follow-up meeting for all Institute participants. Dr. Donna Noyes from New York State Department of Health spoke to the group about the EarlyCare legislation. Prof. Kaplan participated in this meeting and is planning to use some of the new material about the New York State legislation in her Spring course.

THIRD FOLLOW-UP MEETING

This meeting was held on February 1, 1993. The purpose of this meeting was to discuss the course outline for Human Growth and Development and ways in which principles of best practice in early intervention could be added to this course. Prof. Kaplan has chosen Hanson's Atypical Infant Development as the text for this course and she will be using some of the materials from the Institute to supplement this text.

Prof. Kaplan is a doctoral student at NYU in Occupational Therapy and she has received a grant to support her doctoral studies on mothers and infants with HIV. She will be using some of the materials from the Institute as resources for the work that she will be doing during the Spring, 1993 semester.

Gordon
718-727-9033

July 1991 J of Pediatrics

NEW YORK UNIVERSITY
SCHOOL OF EDUCATION, HEALTH, NURSING, AND ARTS PROFESSIONS

DEPARTMENT OF OCCUPATIONAL THERAPY

OCCUPATIONAL THERAPY:

POST-PROFESSIONAL GRADUATE TRAINING IN PEDIATRICS

Project Director: Jim Hinojosa, Ph.D., OTR/L, FAOTA

Department Chair: Deborah R. Labovitz, Ph.D., OTR/L, FAOTA

November, 1992

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Training Project Abstract

1. Project Identifying Information

Project Title:	Occupational Therapy: Post-professional Graduate Training in Pediatrics
MCJ Number:	369289-01-0
Project Director:	Jim Hinojosa, Ph.D., OTR
Grantee:	New York University
Address:	35 West 4th Street, 11th Floor, New York, NY 10011
Phone Number:	212-998-5845
Project Period:	09/01/92-08/30/97

May, 1992

2. Text of the Abstract:

PROBLEM: Throughout the United States there is a critical shortage of occupational therapists prepared to provide leadership in the delivery of comprehensive health and related services to mothers and children. In New York City, the situation has become more complex because of the increasing number of young children affected by drug abuse (cocaine, crack), HIV-infection, and at risk births. Obviously, to address these complex issues, occupational therapists must be trained beyond the basic professional level.

The primary outcome of this project is to prepare occupational therapists with post-professional graduate degrees to assume leadership roles in the delivery of comprehensive health and related services to mothers and children. The training project involves graduate education and a mentored leadership practicum. Upon completion of their traineeship, these leaders will be able to facilitate the delivery of quality services by an interdisciplinary team of professionals, working in partnership, to provide creative, appropriate, and high-quality services to mothers and children.

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GOALS AND OBJECTIVES: This training project allows occupational therapists to obtain advanced graduate education while they continue to provide primary care in areas of high need. The traineeship has four major goals:

1. Increase the number of occupational therapists with a specialization in pediatrics with post-professional graduate degrees who are prepared to assume leadership roles in the delivery of comprehensive health and related services to mothers and children.
2. Implement an educational post-professional graduate training project that innovatively integrates knowledge, skills, and attitudes gained from academic and leadership practicum experiences, to facilitate each therapist in developing his or her leadership potential.
3. Increase the number of occupational therapists capable of assuming leadership roles in programs that (a) serve historically underserved, ethnoculturally distinct groups, and (b) provide community-based comprehensive service initiatives.
4. Plan, implement, and evaluate a workshop to disseminate information about the training project and its effectiveness to other professionals, agencies, and institutions of higher education.

METHODOLOGY The training project includes two interrelated training components. The primary goal of the first component is to provide a post-professional, academically-based course of study at either a master's or doctoral degree level. The second component involves a graduate traineeship under the sponsorship and direct supervision of a recognized leader in pediatric occupational therapy. Specifically, the second component provides leadership practicum experiences for students to develop, enhance, and use their emerging leadership abilities in the delivery of quality health care. These practicum projects will concentrate on programs that (a) serve historically underserved

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ethnoculturally distinct groups, and (b) provide community-wide comprehensive initiatives. Areas of focus may include prevention, identification, monitoring, evaluation, health promotion, rehabilitation, and health system management and services. These leadership practicum experiences will involve real situations where they can work with other professionals, family members, and agency personnel.

EVALUATION: Formative evaluation will be used on an ongoing basis to obtain information necessary for improving the project; they will include session evaluations of the content and organization of each learning experience, course, and leadership practicum. Summative evaluation will assess the outcomes or results of the training project. At the end of each project year, all participants in the graduate training will be sent a questionnaire to evaluate changes during or as a consequence of the training.

3. Text of Annotation.

Occupational Therapy: Post-professional Graduate Training in Pediatrics is designed to foster leadership abilities in advanced level occupational therapists. Upon completion of their post-professional graduate degree in occupational therapy and a leadership practicum, these leaders will be able to facilitate the delivery of quality services by an interdisciplinary team of professionals, working in partnership, to provide creative, appropriate, and high-quality services to mothers and children.

4. Key Words.

Occupational therapy
Leadership
Post-professional graduate education
Primary care
Pediatrics

Partnership
Individualized education
Research
Community-based services
Mothers and children

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PURPOSE OF THE PROJECT

The primary outcome of this project is to prepare occupational therapists to assume leadership roles in the delivery of comprehensive health and related services to mothers and children. The training project involves graduate education and a mentored leadership practicum. Further, the training will provide the therapist with skills necessary to address special and emerging health needs for these populations. Content and learning experiences in the project are developmentally sequenced and occur in two overlapping components:

Component I - Post-professional Academically-based Course of Study

This aspect of the project is a formal course of post-professional graduate study leading to a master's or doctoral degree, offered by the Department of Occupational Therapy at New York University.

Component II - Graduate Traineeship - Sponsorship

Concurrent with the post-professional graduate course of study, each trainee will work closely with a sponsor, a recognized leader in occupational therapy to develop a leadership practicum. Leadership practicum experiences will facilitate development and use of their leadership abilities in the area of primary care. These working experiences will provide opportunities for directly applying course content; thus, participants will have various opportunities for realistic application of knowledge and skills.

This traineeship has four major goals:

I. **Increase the number of occupational therapists with a specialization in pediatrics with post-professional graduate degrees who are prepared to assume leadership roles in the delivery of comprehensive health and related services to mothers and children.**

II. **Implement an educational post-professional graduate training project that innovatively integrates knowledge, skills, and attitudes gained from academic and leadership practicum experiences, to facilitate each therapist in developing his or her leadership potential.**

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III. Increase the number of occupational therapists capable of assuming leadership roles in programs that (a) serve historically underserved, ethnoculturally distinct groups and (b) provide community-based comprehensive service initiates.

IV. Plan, implement, and evaluate a workshop to disseminate information about the training project and its effectiveness to other professionals, agencies, and institutions of higher education.

The following tables list each goal, strategic objectives, and activities that are specific to each component of the training project.

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STATE UNIVERSITY OF NEW YORK
HEALTH SCIENCE CENTER AT BROOKLYN
COLLEGE OF HEALTH RELATED PROFESSIONS
OCCUPATIONAL THERAPY PROGRAM

INDI-3209 Human Growth and Development: The Life Span
Spring Semester, 1993
4 Credits

Course Directors:
Margaret Kaplan, MA, OTR
Anne Scott, MA, OTR
Tom Holland, MS, RPT

Course Faculty:
Anne Scott, MA, OTR, Tom Holland, MS, PT,
Karen Alpert, OTR, Margaret Kaplan, MA, OTR
Gordon Williamson, PhD, OTR, Sarah Schoen, MA, OTR
Bob Ashmen, PT

COURSE DESCRIPTION

Introduction to the principles of normal growth and development from birth through old age. Study of developmental processes and sequences through lecture, demonstration and audio-visuals. Introduction to the influence of biological and environmental factors on development.

GENERAL OBJECTIVES

To understand developmental theories and factors influencing the normal developmental processes from birth through old age. To examine developmental tasks and sequences with emphasis on sensory-motor, perceptual, cognitive, and psychosocial factors. To be able to observe and record developmental abilities.

SPECIFIC OBJECTIVES

The student should be able to:

1. Discuss the birth process and identify pre and post natal factors influencing the normal developmental process.
2. Discuss selected theories of cognitive and psychosocial development (Piaget, Erikson, Social Learning Theory, Information Processing, Transactional Approach).
3. Discuss stages and/or sequences in motor, reflex, perceptual, cognitive, language and psychosocial development from birth through late childhood.
4. Define play; discuss the sequence of play development; begin to select appropriate play materials to meet developmental needs.
5. Demonstrate beginning skill in the observation and evaluation of a normal child. Document abilities in different developmental areas.

6. Discuss the selection of specific pediatric evaluation tools

7. Discuss the developmental life tasks and sequences throughout the life span relating to theory and practice in physical therapy and occupational therapy.

8. Discuss the normal developmental issues of adolescence, adulthood, middle age and aging including the biological, social, psychological changes during each stage.

9. Appreciate the struggle of the adolescent and elderly, and the difference between function and dysfunction.

10. Discuss the concept of maturity.

11. Begin to discuss prevention and intervention methods for individuals experiencing developmental, health and social crisis from adolescence through old age.

12. Discuss alternative settings for the elderly ie., community, rehabilitation and institutional.

REQUIRED TEXTBOOK

Hanson, M. J. (1984). A Typical Infant Development. Austin, Texas: Pro-Ed.

ON RESERVE

Bly, L. (1980). The Components of Normal Movement During the First Year of Life. In, Slaton, D., Development of Movement in Infancy. University of North Carolina at Chapel Hill.

RECOMMENDED TEXTBOOKS

Barnes, M. Crotchfield, C., and Herzia, C. (1978). The Neurophysiological Basis of Patient Treatment: Volume II Reflexes in Motor Development. Atlanta: Stokesville Publishing Co.

Bukatko, D. and Daehler, M. W. (1992). Child Development, A Topical Approach. Houghton Mifflin, Boston, MA.

Conner, F., Williamson, Gordon G., and Siepp, J. (1978). Program Guide for Infants and Toddlers with Neuromotor and Other Developmental Disabilities. New York: Teachers College Press, Columbia University.

Hanson, M. and Harris, S. (1986). Teaching the Young Child with Motor Delays. Pro-Ed, Austin, TX.

Papalia, D. E. and Olds, S. W. (1992). Human Development. (5th Edition). New York: McGraw-Hill.

Short-DeGraff, M.A. (1988). *Human Development for Occupational and Physical Therapists*. Baltimore: Williams & Wilkins.

Slaton, D. (1980). *Development of Movement in Infancy*. Division of Physical Therapy, University of North Carolina at Chapel Hill.

Recommended Videotapes:

All About Babies. Church. 1987 5 part series (Media WS113 A416)

Pt. 1: The First Three Months : Adaptation
Pt. 2: The First Three Months : Helping Baby Feel at Home
Pt. 3: Four to Twelve Months : Reaching Out
Pt. 4: Issues and Aspects of the First Two Years
Pt. 5: 2nd year : The Birth of the Individual

Preschool Child; AJN, 1982 (Media WS440 P928)

School-Age Child, AJN, 1982 (Media, WS450 S372)

Assignment #1 Developmental Observation - DUE Mar. 2
or Analysis of Movement; Choose one

Assignment #2 Health and Social Issues

Many health and social issues impinge on developmental life tasks. Select a topic related to a specific developmental period. Discuss the parameters of the issue, relationship to function/dysfunction in achieving mastery of developmental tasks, and the role of therapy - where appropriate indicating intervention from a particular frame of reference or treatment approach.

This will be a group paper and presentation (6-7 students per group). A brief one page handout of the material should be prepared in advance for distribution to the class. Class presentations should take 15 minutes. The typed paper should be 5 - 6 pages long.

Suggested issues include, but are not limited to the following: Teenage - pregnancy, runaways, substance abuse, anorexia, suicide, unemployment; single parent families, spouse abuse, abusing parents; AIDS: the homeless; post-traumatic stress disorder; Vietnam Vets, cocaine abuse; spinal cord injury among young adults, cancer in adolescence, breast cancer, reaction to major neurological disorders for example, M.S., A.L.S. Impact of ETOH/Substance Abuse on Rehabilitation, health professionals reactions to A.I.D.s patients, Substance Abuse/ETOH, Children of alcoholics among health professional students.

Papers are due on April 13, 1993, late papers will be penalized.

Assignment #3

Select 1 of the following disease processes common to the aged population:

- cerebral vascular accidents
- Parkinson's disease
- sensory defaults (i.e., vision, hearing, touch, taste, smell)
- arthritis (i.e., rheumatoid, osteo.)
- fractures (i.e., hip, fx.)
- osteoporosis
- cardiac conditions (i.e., congestive heart failure, angina, coronary artery disease).
- vascular conditions (i.e., peripheral vascular disease)
- diabetes mellitus
- decubitus ulcers
- organic brain syndrome
- respiratory difficulties (chronic obstructive pulmonary disease) (emphysema)

Discuss the following in a brief (4 - 5 pages) typewritten paper:

1. Etiology, signs and symptoms of the disease process.
2. The resultant effect on: (a) motor performance, (b) sensory/ perception, (c) language capacities, (d) cognitive function and, (e) psychological and psychosocial status.
3. Considerations for OT/PT evaluation and treatment.
4. Possible medical, surgical, or pharmacological treatments
5. Possible treatment settings

(Use the above as an outline to include considerations which are applicable).

Papers are due on April 29, 1993

LATE ASSIGNMENTS:

Assignments are due at the beginning of class on the date indicated. Unexcused late assignments will be penalized one grade (ie. B+ to B, etc.) for each school day that the assignment is late. For example, if the assignment is due on Thursday, February 7 and it is handed in Monday, February 11, it will be penalized 2 grades. Thus, a B paper will receive a C+. Excused late assignments will not be penalized but must be handed in by the date negotiated with the course director. If the assignment is not handed in on that date, late penalties will apply.

CLASS PARTICIPATION:

Includes attendance, lateness, professional behavior in class as well as participation in class discussion.

COURSE ASSIGNMENTS

		Date Due	Grade Percentage
1.	Assignment: Developmental Observation *or* Analysis of Movement	Mar. 2	15 %
2.	Midterm Exam	Mar. 16	25 %
3.	Group Presentations: Social/Health Issues	Mar. 30, Apr.1	15 %
4.	Disease Processes and Clinical Application	Apr. 29	15 %
5.	Final Exam	May 6	25 %
6.	Class Participation		5 %

COURSE SCHEDULE

All classes held in LH 1B, HSEB, except where noted.

WEEK I	Jan. 12	Introduction, developmental theory Margaret Kaplan Reading: Chap. 1
	Jan. 14	Prenatal and Perinatal Development; Infancy Margaret Kaplan Reading: Chap. 2, 3, 4
WEEK II	Jan. 19	Development in Infancy, Sensory-Perceptual Margaret Kaplan Reading: Chap. 5
	Jan. 21	Development in Infancy, Social-Emotional Margaret Kaplan Reading: Chap. 6, 7
WEEK III	Jan. 26	Learning and Cognition Margaret Kaplan Reading: Chap. 8
	Jan. 28	Play Margaret Kaplan
WEEK IV	Feb. 2	Fine Motor Development Sarah Schoen Reading: Ch. 10
	Feb. 4	Gross Motor Development Bob Ashmen Reading: Ch. 10

COURSE SCHEDULE

WEEK V		Feb. 9	Movement Lab Sarah Schoen, Bob Ashmen, Margaret Kaplan,
	*	NOTE:	Class held in PT Lab, Rm. 740 N&S 8:30-11:00
		Feb. 11	Developmental Assessment Margaret Kaplan,
WEEK VI		Feb. 16	Toddlers and Preschoolers, Effects of Early Intervention Margaret Kaplan Reading: Chap. 11, 12
		Feb. 18	Toddlers and Preschoolers, Language Development Margaret Kaplan Reading: Chap. 9
WEEK VII		Feb. 23	Developmental Issues of Middle and Late Childhood Margaret Kaplan
		Feb. 25	Middle and Late Childhood Margaret Kaplan
WEEK VIII		Mar. 2	Understanding Adaptive Competence in Children G. Gordon Williamson
		Mar. 4	Summary and Review - Margaret Kaplan
WEEK IX		Mar. 9	Adolescence Anne Scott
		Mar. 11	Late Adolescence - Anne Scott

COURSE SCHEDULE

WEEK X	Mar. 16	MIDTERM - LH 6, BSB, 9-11 AM
	Mar. 18	Young Adulthood - Anne Scott
WEEK XI	Mar. 23	Adulthood - Anne Scott
	Mar. 25	Middle Age - Anne Scott
WEEK XII	Mar. 30	Health and Social Issues Presentations - Anne Scott
	Apr. 1	Health and Social Issues Presentations - Anne Scott
WEEK XIII	Apr. 13	Physiological Aspect of Aging - Tom Holland
	Apr. 15	Developmental Tasks of Aging Karen Alpert
WEEK XIV	Apr. 20	Psychological Aspects of Aging - Karen Alpert
	Apr. 22	Therapeutic Intervention for the Geriatric Patient Tom Holland
WEEK XV	Apr. 27	Psychological Aspects of Aging - Karen Alpert Community/Social Health Program - Karen Alpert
	Apr. 29	Intervention/Prevention with the Elderly Karen Alpert
WEEK XVI	May 6	FINAL EXAM (9:00-12:00) Auditorium, 121A, B, C, HSEB

INDI-3209 HUMAN GROWTH AND DEVELOPMENT

Spring 1993

DEVELOPMENTAL OBSERVATION

DUE DATE: MARCH 2, 1993

Select a child between the ages of 6 months and 10 years. Observations will be made in several categories based on the developmental progression of skill acquisition in each area of function as well as on the theoretical information presented in class. Use the class handouts and the course textbook as references to guide your descriptions. Record your observations on the attached sheet or type.

The following is a guide to structure the areas of primary focus for your developmental observation, arranged by age group.

1. INFANCY: BIRTH TO 12 MONTHS

   Focus on motor development, interaction with family members, sensory development, play, fine motor development

2. TODDLER: 12-36 MONTHS

   Focus on fine motor development and social-emotional behavior, play, or daily living skills

3. PRESCHOOL: 3-5 YEARS

   Focus on language, play, cognition, motor development

4. SCHOOL AGE: 6-10 YEARS

   Focus on social development, daily living skills, and motor skills, cognitive development

DEVELOPMENTAL OBSERVATION
DUE DATE: MARCH 2, 1993

NAME: ______________________ PROGRAM: OT PT

CHILD'S FIRST NAME: ______________________ CHILD'S AGE: __________

FAMILY MEMBERS PRESENT DURING OBSERVATION: ______________________

____

TIME OF DAY OBSERVATION PERFORMED: ______________________

SPECIFIC FINDINGS:

1. AREA OF FOCUS: ______________________

OBSERVATIONS:

2. AREA OF FOCUS: ______________________

OBSERVATIONS:

3. AREA OF FOCUS: ______________________

OBSERVATIONS:

OTHER COMMENTS (attach other sheets if needed):

ANALYSIS OF MOVEMENT
DUE DATE: MARCH 2, 1993

For this assignment you must watch the videotape, "Neurodevelopmental Analysis of Normal Movement Patterns". It is on reserve in the A-V Library (Learning Resource Center). You may also use the reserve reading by Lois Bly as a resource, if you want. Watch the tape and answer the attached questions on this sheet. Some answers will be short, a small answer space is provided, and some will be longer, a bigger space is provided. You can list or give short answers. You do not have to use complete sentences or a narrative format. The answers to the questions are in the video. You should use the terminology used in the video whenever possible. There is more information in the video than you will need to use for your answers. The video is in 3 sections, you will need to view all three in order to complete the assignment.

ANALYSIS OF MOVEMENT

DUE: MAR. 2, 1993

1. What movements and/or positional factors allow the newborn to bring his hand to his mouth?

2. Why does the two month old appear more hypotonic, with less motor control, than the newborn?

3. The development of antigravity flexion in the 3 month old child has allowed the child to accomplish what movements?

4. Compare the position and weightbearing pattern in prone of a newborn - 1 month old child with a 4 month old child.

   a. newborn to one month

   b. 4 months

5. How does the 4 month old child obtain sensory information about the environment?

6. Which position facilitates the development of lateral flexion or lateral righting of the head and neck?

7. Give an example of differentiation in the movement abilities of a 5 month old child.

8. Describe the weightbearing pattern of a 7 month old child in standing.

9. Describe the grasp patterns used by a 7 month old child.

10. What motor abilities have developed over the first 7 months of life to allow the 7 month old child to be able to accomplish transitional movements and belly crawling?

11. How does the 8 month old child achieve stability in standing?

12. Compare the pattern of lower extremity use in sitting in a 5 month old and 9-10 month old child.

a. 5 months

b. 9-10 months

13. Describe the movement of pull to stand in the 9-10 month old child.

14. Describe the motor patterns evident in a child's first independent walking (without hands held).

15. Describe the grasp/manipulation patterns and abilities of a 12 month old child.

STATE UNIVERSITY OF NEW YORK
COLLEGE OF HEATH RELATED PROFESSIONS
OCCUPATIONAL THERAPY PROGRAM

OT-H-4200 Theory and Practice III
Spring, 1993
11.5 Credits

Course Faculty:
  Pat Trossman, Ed.M., OTR
  Margaret Kaplan, M.A., OTR
Fieldwork Coordinator:
  Deborah Moore, M.A., OTR

COURSE REQUIREMENTS

1. Assigned readings must be read before the appropriate session to ensure maximum learning and class participation.

2. Lab Experiences
   a. Lab experiences, as noted on the course outline, consist of small group problem solving, activity analysis and practice implementing therapeutic techniques.

   b. Students must wear appropriate clothing for participation in mat work.

   c. Groups present their findings to other class members at the end of each lab.

3. Orientation Assignment #2: Complete the form using this assignment to orient yourself and your course faculty to your clinic. Grade is Pass/Fail. DUE: March 18.

4. Clinic Mini-Assignment
   a. Assignments to be completed with patients and supervisors in the clerkship setting are designed to clarify concepts and encourage development of clinical skills.

   b. Students are expected to write brief reports of both clinic assignments. These can be handwritten and must be no more than one side of a page.

   c. Experiences will be discussed during class sessions.

5. Movement Analysis Assignment DUE: March 26
   a. This will provide a review of normal motor development in the first year of life and an introduction to neurodevelopmental terminology and approach.

   b. Use form provided, DUE: March 26.

6. Evaluation/Treatment Plan Assignment
   a. Typed paper, DUE: April 16

   b. Content and grading criteria are described in the course outline.

7. Final Exam, Thursday, May 6.

Movement Analysis Assignment

For this assignment you must watch the video tape, "Neurodevelopmental Analysis of Normal Movement Patterns." It is on reserve in the A-V Library (resource center). You may also use the reserve reading by Lois Bly as a resource. Watch the tape and answer the attached questions by writing directly on the handout. Some answers will be short, a small answer space is provided. Some will be longer, a bigger space is provided. You can list or give short answers. You do not have to use complete sentences or a narrative format. The answers to the question are in the video. You should use the terminology used in the video whenever possible. There is more information in the video than you will need for your answers. The video is in three sections, you will need to view all three in order to complete the assignment.

Clinic Mini-Assignments

Assignment 1 DUE April 2	Observe a child performing an activity of daily living on a play activity. Note what problems tend to limit his/her independence in this activity. Describe how you can adapt the activity to improve independence and simultaneously facilitate the development and use of normal movement patterns.
Assignment 2 DUE April 29	Observe or participate in providing therapeutic positioning. Describe the following: child's positioning deficits; hypothesized causes of the deficits; materials and strategies used (or recommended); rationale.

Evaluation/Treatment Plan Assignment

Evaluate a child at your clinic placement.

Use the following outline to record your results and develop a treatment plan. Depending on presenting problems, age of child, facilities available and other factors, this outline will be modified to meet the evaluation and treatment needs of this individual child.

If you use a form from your clinic or a standardized evaluation, include a copy of this with your paper. If you modify this outline, you must explain the rationale. Do as many evaluation procedures as are appropriate to your patient. Note other evaluation procedures that were done by someone other than yourself. If you were unable to do all necessary evaluation procedures, list those procedures which would be needed to make this evaluation complete at the end of the evaluation.

See Pratt and Allen pgs. 225-232 as well as Chaps. 9-12 to review evaluations.

I. Evaluation Outline

A. Introduction

B. Gross Motor Skills and Development

C. Fine Motor Skills and Play Development

D. Sensory Processing and Abilities

E. Cognitive Abilities

F. ADL or Self Care Abilities

G. School Performance Tasks

H. Summary and Recommendations

II. Make A List of Strengths and Concerns

This is similar to a problem list and should reflect performance areas and components. These can also reflect strengths and needs identified by the child or the parents. This list should be compiled from information contained in your evaluation.

III. Develop 2-4 long term goals. Long term goals must reflect performance areas and are things you would like the child to be able to do in one year or by the end of the therapy program, whenever that is anticipated.

IV. Develop at least 2 short term goals for each long term goal. These are small steps that will indicate progress toward the long term goal. For example, a short term goal for a developmentally delayed 4 year old might be to be able to remove shirt independently. The long term goal might be to be able to dress independently. Short term goals should be behavioral and satisfy RUMBA criteria.

V. **Frame of Reference. Describe the frame of reference you will use in treating this child. You may include a short rationale. You may use more than one frame of reference. If you do, briefly explain how they will be integrated and why you need more than one.**

VI. **Develop 2-5 activities which will address all of your short term goals. A well thought out activity will address more than one goal, is able to be graded, is interesting and fun for the child and is appropriate for the child's chronological and developmental age.**

1. **Describe each activity.**
2. **Indicate which short term goal/goals it will address.**
3. **Describe the positioning of the child, the activity, the therapist if appropriate.**
4. **Describe the environment and regulatory conditions to be present during treatment.**
5. **Describe the methods of grading the activity and any adaptations necessary.**

VII. Describe the activity sequence for a typical treatment session.

Your treatment plan should integrate what you have learned thus far in other, related courses (A.D.L., Orthotics, Neurobehavioral Treatment Approaches, Human Growth and Development etc.).

You are expected to have read any recommended and required readings pertinent to the evaluation and treatment of a child with your child's diagnosis or problem area.

Required Reading on Reserve:

Bly, L. (1980). The Components of Normal Movement During the First Year of Life. In, Slaton, D., Development of Movement in Infancy. University of North Carolina at Chapel Hill.

Dunn, W. (Ed.). (1991). Pediatric Occupational Therapy, WS 366 p369 1991. Thorofare, NJ: Slack Inc.

Semmler, C. J., & Hunter, J. G. (1990). Early Occupational Therapy Intervention, WS 368 S472e 1990.

Videotape on Reserve

Neurodevelopmental Analysis of Normal Movement Patterns.

Tues. Mar. 9 9:15-12:15	Introduction to Pediatrics Reading: K & H Chap. 1, 2, 3, 4 P & A Chap. 1, 2, 7
1:15-3:15	Frame of Reference - Coping and Human Occupation Reading: K & H Chap. 9, 11
3:15-4:30	Seminar, Physical Disabilities
Thurs. Mar. 11	Pediatric Assessment Process Reading: Dunn, Chap. 3 (on reserve) P & A, Chap. 9, 10, 11, 12
Mon. Mar. 15	Assessment Application to Treatment Reading: K & H Chap. 12, 13, 14, 15
Thurs. Mar. 18	Acquisitional/Learning Theory Approaches; Motor Learning DUE: Orientation Assignment #2
Mon. Mar. 22	Visual-Perceptual Abilities Reading: K & H, Chap. 7 P & A, p. 316-323
Thurs. Mar. 25	Sensory Integration Frame of Reference Learning Disabilities Sensory Abilities Presentation: Visual and Hearing Impairments Reading: K & H, Chap. 6, 18 P & A, Chap. 23, 26
Fri. Mar. 26 12-3	Sensory Integration Lab DUE: Movement Analysis
3-3:45	Seminar

Mon. Mar. 29	Sensory Integration Lab Presentation: Muscular Dystrophy
Thurs. April 1	Neurodevelopmental Treatment Approach Cerebral Palsy Reading: K & H, Chap. 5, 16 P & A, Chap. 13, 14, 20
Fri. Apr. 2 9:15-3:15	Neurodevelopmental Treatment Approach Lab DUE: Clinic Assignment #1
April 5 - 9	SPRING BREAK
Mon. Apr. 12	Feeding and Communication Lab Reading: P & A, p. 260-278
Thurs. Apr. 15	Early Intervention Developmental Delay Developmental Disabilities Reading: P & A, Chap. 19 Semmler, Chap. 10 (on reserve)
11:30-12:15	Seminar
Fri. Apr. 16 9-3	NYOTEC, Job Fair NYU, Loeb Student Center
Mon. Apr. 19 9:15-12:15	Biomechanical Approach Positioning the Child with Developmental Disabilities Reading: K & H, Chap. 8, 17 P & A, Chap. 24 Cheryl Colangelo, MS, OTR
1:15-4:15	Working with Tri-Wall Early Intervention DUE: Evaluation/Treatment Plan Assignment

Thurs. Apr. 22	School Based Occupational Therapy Presentation: Handwriting Reading: P & A, Chap. 29
Fri. Apr. 23 9-3	Positioning the Child with Developmental Disabilities Lab, Fabrication of Tri-Wall Positioning Devices
Mon. Apr. 26	Psychosocial Frame of Reference Emotional and Behavioral Disorders Reading: K & H, Chap. 10 P & A, Chap. 27 Presentation: Attention Deficit, Hyperactivity Disorder (ADHD)
Thurs. Apr. 29	Clinical Reasoning Establishing Treatment Priorities Integrating Frames of Reference DUE: Clinic Assignment #2
11:30-12:15	Seminar
Fri. Apr. 30 9-3	Integrating Frames of Reference Summary, Review

THE EVOLVING DEFINITIONS OF DISABILITY*

As a community, people with disabilities have had to struggle to move past negative stereotypes. From this community's advocacy, a larger community composed of people with disabilities, as well as nondisabled individuals, has developed.

While individuals and groups continue to look at what it means to have disabilities, and while definitions continue to evolve, the following ideas reflect some of the prevalent current thoughts about the use of language.

IMPAIRMENTS

Impairments are conditions that impede or hamper one or more basic life functions. Included are physical, sensory, mental, and emotional difficulties.

DISABILITIES

A disability is the personal experience associated with the impairments and limitations mentioned above. One moves through the world "with" a disability. Today, there is an emphasis on the phrase "people with disabilities"; this puts the person first and the disability second. Also, by stressing the union of one person with all others who share the pain of exclusion and discrimination on the basis of assorted impairment, the phrase "people with disabilities" recognizes the commonality of life experiences.

HANDICAPS

The word **handicapped** was used in past legislation and, therefore, has become common language. It is currently used to describe the relationship between one who has an impairment and the environmental features that hamper functioning. It is inappropriate to use this term as a synonym for disability.

USING THESE WORDS IN CONTEXT

"I have an impairment."
"It is a medical condition that hampers my vision, hearing, mobility, or comprehension."

"I have a disability."
"I have some difficulty seeing, hearing, moving my body, or understanding everything quickly or clearly."

"I am handicapped."
"There is no braille agenda; therefore, I am handicapped by those who planned the meeting."
"There is no ramp into this building; therefore, I am handicapped in my attempts to attend the theater."
"There is no captioning for this television show; therefore, I am handicapped in learning about the news of the day."
"There is no assistant to help me understand all these signs; therefore, I am handicapped in finding my way to the museum."

*Based on "Evolving Definitions of Disability", Mary Jane Owen, MSW, Disability Focus, Inc., 1992.

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DR. DEBORAH KRAMER

ASSOCIATE PROFESSOR

NURSING DEPARTMENT

COLLEGE OF MOUNT SAINT VINCENT

Dr. Kramer is an Associate Professor in the Department of Nursing at the College of Mt. Saint Vincent. She teaches in both the undergraduate and graduate nursing programs at the college.

Background

Dr. Kramer holds a B.S.N. from Lehman College and an Ed.D. from Columbia University. She is a Certified Nurse Practitioner and has been teaching in higher education for 10 years.

Motivation

Dr. Kramer was highly motivated to participate in the Higher Education Faculty Institute in order to become better informed about best practice in early intervention so that she could infuse the principles into her curriculum. She was also interested in meeting higher education faculty from other disciplines.

Program Description

The undergraduate nursing program combines comprehensive study in the liberal arts and sciences with nursing theory and clinical experience and leads to the bachelor of science degree. Its main thrust is to educate graduates broadly to provide an wide range of professional nursing services to families, individuals, and communities throughout the life cycle.

The underlying philosophy of the program takes into account the evolution of the nurse`s role beyond that of the traditional hospital clinician to that of a primary provider of health care outside the walls of the hospital.

The program provides a conceptual framework for nursing practice grounded in the liberal arts and sciences. Students are taught to use the nursing process in concert with clients to facilitate health. A working knowledge of the research process provides a basis to develop leadership in nursing and to collaborate with other health team members.

The candidate for a master of science degree in nursing must successfully complete 45 credits, 30 credits in nursing and 15 credits in business.

Follow-up Contacts and Goals

Dr. Kramer has been participating in follow-up activities as part of her commitment to the Institutes. Dr. Kramers goals are to infuse material on best practice in to the courses that she teaches in Maternal and Child Health. She also hopes to develop a sequence in the Master`s program on early intervention strategies as part of the specialization in Alcohol and Drug Abuse.

FIRST FOLLOW-UP VISIT

The first visit was held on December 2, 1992. Dr. Kramer is preparing her course in Maternal and Child Health to be taught in the Spring, 1993 semester. She is developing a community project for students in early intervention. She hopes to assign students to follow an infant in the NICU and then to have the students develop an intervention plan, with parents, on discharge. The next visit will focus on specific assignments for the course.

DR. WILLIAM J. MERRIMAN

ASSISTANT PROFESSOR

HEALTH AND PHYSICAL EDUCATION DEPARTMENT

MANHATTAN COLLEGE

Dr. Merriman is an Assistant Professor in the undergraduate Department of Health and Physical Education at Manhattan College. The program offers undergraduate and graduate degrees in Physical Education and Education.

Background

Dr. Merriman holds a Ph.D. in Education. Dr is involved with the program in Adaptive Physical Education and teaches the courses in human development, children with special needs and developmental delays. Dr. Merriman has been on a higher education faculty for 16 years.

Motivation

Dr. Merriman was highly motivated to participate in the Higher Education Faculty

Institutes in order to become better informed about national issues and best practice in early intervention. Dr. Merriman intends to infuse his curriculum with information about best practice in early intervention. Additionally, Dr. Merriman was in the process of writing a federal training grant and was hoping to utilize some of the material from the Institute in his grant proposal.

Program Description

The Manhattan College Masters Degree Program in Special Education with a concentration in Adaptive Physical Education is designed to provide students with the skills, knowledge and competencies required to teach adaptive physical education. Students complete 18 credits in special education, 12 credits in adaptive physical education and an internship involving work in the special education classroom and gymnasium. Fieldwork is an integral part of the program. Hands-on experiences are provided at on-campus and off-campus fieldwork sties throughout the Metropolitan New York City area. Program graduates will be eligible for New York State teaching certification in physical education (K-12) and special education.

Dr. Merriman is proposing, in his grant application, a concentration in Pediatric Physical Education. The core courses (6 three credit courses=18 credits) are:

* Methods of Educational and Psychological Achievement
* Linguistics, Language Proficiency and Academic Achievement
* Psychology and Education of the Pre-School Exceptional Child (15 hrs. required fieldwork)
* Psycho-Educational Assessment
* Practicum in Teaching the At Risk and Special Education Student (30 hours of required fieldwork in a program for infants, toddlers, or preschool children with disabilities)

Elective:

* Counseling
* Mainstreaming
* Teaching and Curriculum Strategies to Assist At Risk Students
* Theoretical and Practical Approaches to Multicultural Education
* Assessment in Adapted Physical Education

Specialization Courses (5 three credit courses=15 credits)

* Motor Development

- Introduction to Pediatric Adapted Physical Education
- Developmental Movement Activities for Young Children With Disabilities
- Seminar in Contemporary Research and Issues in Adapted Physical Education
- Internship in Teaching Adaptive Physical Education (120 hours of supervised teaching in a program for children with disabilities 0-5)

Follow-up Contacts and Goals

Dr. Merriman participated in follow-up activities. His initial goal after the Institute was to complete his grant to the U.S. Department of Education to train adapted physical education teachers.

FIRST FOLLOW-UP MEETING

The first follow-up meeting was held on September 2, 1992. Dr. Merriman described his new grant application. While the focus will be the 3-5 population Dr. Merriman hopes to provide opportunities for students to work with the 0-3 population as well. He intends to seek practicum sites for infants and toddlers with disabilities and to offer coursework in P.L. 99-457 and best practice in early intervention.

SECOND FOLLOW-UP MEETING

The second follow-up meeting was held on April 19, 1993. Dr. Merriman had just been notified from OSERS that he was awarded the grant to train students in adaptive physical education. The focus of the training will be on working with the 0-5 population and he is hoping to have at least 10 students a year working with the 0-2 population. Thie grant was awarded for 4 years. As part of this grant Dr. Merriman will be assembling an Advisory Board of professionals who have extensive experience in early intervention and he was requesting the assistance of the project staff in identifying such people.

Westchester County Medical Center

ANDREW P O'ROURKE
County Executive

WESTCHESTER INSTITUTE
FOR HUMAN DEVELOPMENT

MACK L CARTER JR
Commissioner

Cedarwood Hall
Valhalla, New York, 10595-1689
(914) 285-

September 5, 1992

Dr. William J. Merriman
Director
Adapted Physical Education Program
Manhattan College
Manhattan College Parkway
Riverdale, New York 10471

To Whom it May Concern,

I am writing this letter in support of the grant proposal from Manhattan College to train adapted physical educators and to provide special training in the education of birth-to-five year olds with disabilities.

Based upon an identified federal mandate with P.L. 99-457 there is a critical need for personnel preparation programs for properly trained adapted physical educators in the New York City Metropolitan area. Additionally, there is a great need to train adapted physical educators about how to develop and implement programs for young children with disabilities.

Dr. Merriman, and the Department of Health and Physical Education at Manhattan College have an excellent record in training adapted physical education teachers. They have had a federal grant (1989-1992) to provide tuition assistance for students in this area.

I urge you to fund this current proposal. It meets a great need in personnel preparation services for adapted physical educators.

Sincerely,

Carol Lippman, Ph.D.
Coordinator
Higher Education Faculty Institute
Family Support/Early Intervention
New York Medical College

A UNIVERSITY AFFILIATED PROGRAM SERVING PEOPLE WITH DEVELOPMENTAL DISABILITIES

DR. LAILA SEDHOM

ASSISTANT PROFESSOR NURSING

STATE UNIVERSITY OF NEW YORK

HEALTH SCIENCE CENTER AT BROOKLYN

Dr. Sedhom is an Assistant Professor in the Graduate Program offering a Master Science Degree in Advanced Nursing Practice in Continuity of Care At SUNY Health Science Center.

Background

Dr. Sedhom has a Ph.D. in Nursing. Her area of specialization is in working with high risk mothers and infants. She has been on the faculty at SUNY for 5 years.

Motivation

Dr. Sedhom's primary motivation was to infuse the principles and best practice of early intervention into her curriculum. She felt that the information would be particularly useful in her teaching as she teaches courses on high risk factors in infancy and working with high risk mothers.

Program Description

The Master of Science in Advanced Nursing Practice at the Health Science Center prepares clinical specialists in continuity of care for adults or high risk mothers and infants in urban environments.

The continuity of care nursing specialty is defined as continuing clinical expert care for adults or high risk mothers and infants, with emphasis on facilitating the transition of care from one setting or phase of illness to another.

The objectives of the graduate program are to:

1. Prepare clinical nurse specialists in continuity of care/primary care for specific vulnerable populations.

2. Prepare leaders who are capable of improving nursing care through application of advanced knowledge and research skills.

3. Provide a foundation for doctoral study.

The 40 credit course of study leads to the Master of Science in Advanced Nursing Practice in Continuity of Care. The focus is on clients in an urban environment. The program allows students to pursue their studies on either a full-time or part-time basis, and to select either the Adult Track or the High Risk Mother and Infant Track. For those selecting the High Risk Mother and Infant Track the supporting courses are:

- Urban Sociology
- Perinatology: The High Risk Mother and Family
- Perinatology: The High Risk Infant
- Nursing Process for High Risk Mothers and Infants
- Advanced Practice Skills with High Risk Mothers and Infants

Follow-up Contacts and Goals

Dr. Sedhom is participating in follow-up activities. Dr. Sedhom attended the large group meeting on October 30, 1992 to review provisions of the EarlyCare legislation with Dr. Donna Noyes from the New York State Department of Health. Dr. Sedham's goal for follow-up is to infuse the material on best practice into her course syllabi particularly focusing on P.L. 99-457 and family systems and family centered care.

FIRST FOLLOW-UP MEETING

The first follow-up meeting with Dr. Sedhom was held on October 1, 1992 at SUNY-Health Science in Brooklyn. Dr. Sedhom is teaching both the course in Perinatology: The High Risk Mother and Family in the Fall, 1992 semester. She reviewed the class in which she intends to present the family as a social system. Dr. Sedhom and Dr. Lippman reviewed the course outline for the semester and ways in which principles of best practice could be infused into her curriculum. Dr. Sedhom requested a bibliography on the history of legislation for services for children. Dr. Lippman will see what resources are available for the next meeting.

In addition, Dr. Sedhom will be teaching the course in Nursing Process With Mothers and Families in the Spring, 1993. Dr. Sedhom will be addressing:

- culture and culturally competent care
- case coordination
- family-directed care
- teams

SECOND FOLLOW-UP MEETING

The second follow-up meeting was held on October 30, 1992 after the group meeting at New York Medical College. Dr. Lippman gave Dr. Sedhom some suggestions about readings for legislative history on services for children that Dr. Sedhom will review for her course. She has not yet had time to review the course outline for her Spring, 1993 course.

THIRD FOLLOW-UP MEETING

This meeting was held on February 1, 1993. The purpose of this meeting was to discuss the new course outline for Nursing Process of High Risk Mothers and Toddlers to be offered in the Spring, 1993 semester. Many of the materials from the Institute will be used. Additionally, Dr. Sedhom wants to increase the videos that the Nursing Department has in the library in order to make assignments for the students. Dr. Lippman will send Dr. Sedhom a list of some new videos so that Dr. Sedhom can preview them.

Dr. Sedhom and Dr. Lippman will prepare a flow chart for services from the time of determination of eligibility for services to IFSP and then to transition. Dr. Sedhom feels that this will help with some of the confusion of her students about the new legislation.

STATE UNIVERSITY OF NEW YORK
HEALTH SCIENCE CENTER OF BROOKLYN
COLLEGE OF NURSING
GRADUATE PROGRAM

N521: THE NURSING PROCESS FOR HIGH RISK MOTHERS AND INFANTS

5 credits: (2 hours theory, 6 hours field per week)

Prerequisites/Corequisites: N 501, N 507, N 508, N 510 and physical assessment.

Spring Semester, 1993

Time: 5:00 p.m.-7:00 p.m.
Day: Wednesdays
Location: 8L, Ed Bldg.

Faculty: Dr. Laila Sedhom
Dr. Rosalie Rothenberg

COURSE DESCRIPTION:

This course provides the theoretical basis and field experience for advanced nursing practice with high risk mothers and infants, focusing on the direct care role of the clinical nurse specialist. Case studies are used to illustrate the nursing process and concepts of continuity of care for this population. Relevant theories are applied to the planning and coordination of continuous care. Each student will identify and develop expertise in one area of clinical concentration related to continuity of care for high risk populations.

Field experience in the area of clinical concentration includes opportunities for students to develop and apply direct care skills for continuity of care for high risk mothers and infants in a variety of settings. In addition to caring for groups of clients, students assume individual responsibility for comprehensive case management of a case load of selected families. Continuous care of this case load involves application of concepts of advanced practice through two semesters. Students will master the nursing care of these clients and will collaborate with interdisciplinary groups to provide for continuity of care and patient advocacy.

N521 continued....

COURSE OBJECTIVES:

In relation to high risk mothers and infants, the student will be able to:

1. Synthesize knowledge of the sciences and humanities in implementing advanced nursing practice.
2. Synthesize knowledge of interacting socio-cultural and environmental forces affecting health when planning and implementing continuity of care.
3. Integrate a theoretical framework when carrying out nursing interventions.
4. Implement practice models that facilitate continuity of care.
5. Analyze and interpret health related research data.
6. Demonstrate advanced collaborative skills in delivering continuity of care for selected patients/groups.
7. Evaluate own effectiveness in providing continuity of care.
8. Evaluate the effectiveness of existing health care models in relation to continuity of care.

TEXTBOOKS:

American Nurse's Association (1988). **Nursing Case Management**. Kansas City, Mo: The Association.

Ballard, R. (1988). **Pediatric Care of the ICN graduate**. Philadelphia: W.B. Saunders.

Blackburn, S.T. and Loper, D.L. (1992). **Maternal, fetal, and neonatal physiology**. A clinical perspective. Philadelphia: W.B. Saunders.

Boynton, R.; Dunn, E. and Stephens, G (1988). **Manual of ambulatory Pediatrics**, Boston: Scott, Foresman/Little Brown.

Janosik, E. and Green, E. (1992). **Family life process and practice**. Boston: Jones and Bartlett.

TOPICAL OUTLINE

WEEK	DATE		TOPIC
1	January 13		Orientation to N 521 Adolescent Mother/Case Study
2	January 20		Early Intervention (E.I) History of E.I. P.L. 99-457.
3	January 27	***Bibliography Due***	IFSP The IFSP and Team Process Developing an IFSP/Case Study
4	February 3		NICU Regulations, Care Outcomes, Effects on Family
5	February 10		Technologically Dependent, Discharge Planning and Home Care/ Case Study
6	February 17		Bereavement: Theoretical Base for Management
7	February 24		Congenital Defect/Case Study
8	March 3		Preterm Labor: Principles of Case Management
9	March 10		Battered and Pregnant/ Case Study
10	March 17		STD; Drug Use/Case Study
11	March 24		Women's Responses to HIV Illness
12	March 31		Homeless Family/Case Study Comprehensive Programs for High Risk Families

April 3-11 - Spring Recess - No Class

Topical Outline - (Cont'd):

WEEK	**DATE**		**TOPIC**
13	April 14		Students presentation Summaries of Literature Review
14	April 21	***Literature Review Due***	Student Presentation Case Study in Continuity of Care
15	April 28	***Case Study in COC Due***	Student Presentation Continued
	May 5		Summation/Evaluation

INSTITUTE V

LIZBETH DOOLEY-ZAWACKI

ADJUNCT

SPEECH AND LANGUAGE PATHOLOGY

ADELPHI UNIVERSITY

Ms. Zawacki is finishing her doctoral studies in the speech program at Adelphi. In addition, as an Adjunct she teaches students in special education in courses related to speech and language development and supervises students at the Hy Weinberg Center.

Background

Ms. Zawacki has a MS degree and is a teacher of the Speech and Hearing Handicapped. She is certified in Special Education and has a New York State license in Speech Pathology. She is a doctoral student at Adelphi, is doing research on infants and toddlers with hearing impairments and has taught as an Adjunct at Adelphi for 6 years.

Motivation

Ms. Zawacki was highly motivated to participate in the Higher Education Faculty Institute both to help with her doctoral work as well as to help in her teaching. She is primarily interested in becoming better informed about national issues and best practice in early intervention.

Program Description

Through its graduate programs in Speech-Language Pathology, Audiology, and Deaf Studies, the Department of Speech Arts and Communicative Disorders offers advanced education and training in normal communication processes; disorders of speech, language, and communication; and remediation techniques for disorders of human communication. A comprehensive understanding of disordered communication rests on a firm knowledge base of normal speech, language, and hearing processes. Such an understanding is drawn from course work in linguistics, psychology, speech and hearing science, anatomy and physiology, psychometrics, as well as from a detailed study of communication disorders due to functional and organic etiologies. The Department of Speech Arts and Communicative Disorders offers a Masters of Science degree in the areas of: communicative disorders (speech-language pathology/audiology) and deaf studies.

The department provides students with the academic training and clinical experience necessary to qualify for an M.S. degree, New York State licensure, and certification by the New York State Department of Education.

In addition, the department offers one of the few professional doctorates in communication disorders in the country and is innovative in its approach to doctoral studies. The Doctor of Arts program is designed to prepare candidates for professional leadership roles in clinical administration and supervision, university teaching, and clinical research.

Practica experiences are provided at the Hy Weinberg Center for Communication Disorders at Adelphi University and other placement opportunities in the community. The Hy Weinberg Center for Communication Disorders is organized to facilitate clinical training, research, and clinical services. Students participate in a wide range of clinical activities within the center, which include diagnostic evaluation of and therapeutic intervention with individuals who present communication disorders. Student clinical training emphasizes the application of current theoretical principles in the organization and administration of clinical procedures.

Follow-up Contacts and Goals

Ms. Zawacki attended the large group meeting on Sept. 30, 1992 with Dr. Donna Noyes regarding the New York State EarlyCare legislation. She has not been able to schedule a follow-up meeting since that time.

DR. ELIZABETH ERWIN

ASSISTANT PROFESSOR

SCHOOL OF EDUCATION

ADELPHI UNIVERSITY

Dr. Erwin is a member of the faculty of the School of Education at Adelphi University. She teaches in the Special Education Program. She joined the faculty at Adelphi in September, 1992.

Background

Dr. Erwin has an Ed.D. in Early Childhood Special Education from Teachers College, Columbia University. Her area of special interest is the Blind-Visually Impaired. Prior to joining the faculty at Adelphi Dr. Erwin was on the staff of the Family Support/Early Intervention Department at New York Medical College. She work on the research and writing for the Comprehensive System of Personnel Development (CSPD). She has a strong background in best practice in early intervention.

Motivation

Dr. Erwin was highly motivated to participate in the Higher Education Faculty Institute. She felt that it would give her more information in best practice in early intervention as she was preparing to teach a course in Early Childhood Special Education in the Fall, 1992 semester. Additionally, she felt that it would help her get to know her colleagues at Adelphi who were from other departments and had special interest in early intervention issues.

Program Description

Two master's degree programs in special education are offered at Adelphi. Both lead to New York State Certification as a teacher of special education. The degree programs are open to provisionally certified early childhood/elementary teachers and, with modification, to those possessing a bachelor's degree in another area.

The M.S. in Early Childhood Special Education (34 credits) is designed for provisionally certified early childhood/elementary education teachers preparing to teach special needs infants, toddlers and preschool children.

The curriculum develops an understanding of medical and health problems, knowledge of appropriate physical and technological adaptations, the ability to work with parents and families, and private as well as public educational facilitates. It develops a variety of skills and competencies that are not typically part of an early childhood teacher training curriculum. Field experiences are integrated with coursework. The following is the curriculum for a M.S. in Early Childhood Special Education:

Speech and Language Development	3 credits
Psycho-Educational Needs of the Preschool Exceptional Child	3 credits
Educational Interventions in Preschool Special Education	3 credits
Tests, Measurements and Evaluation in Special Education	3 credits
Creative Arts for the Exceptional Child	3 credits
Behavior Modification in Special Education	3 credits
Counseling Parents of Exceptional Children	1 credit
Student Teaching and Seminar in Special Education	
or	
Practicum and Seminar in Special Education	3 credits

Diagnosis in Early Childhood Special Education	3 credits
Infant Stimulation	3 credits
Special Topics in Early Childhood Special Education	1 credit
Educational Research	3 credits
Elective	2 credits

Follow-up Contacts and Goals

Dr. Erwin has participated in follow-up activities. She attended the large group meeting on October 30, 1992 to discuss the impact of the EarlyCare legislation with Dr. Donna Noyes of New York State Department of Health.

FIRST FOLLOW-UP MEETING

The first follow-up meeting was held on Oct. 6, 1992. Dr. Erwin stated that her goals for follow-up would be as follows:

a. to integrate some of the material on best practice in early intervention into her coursework

b. to work on changing the name of the Infant Stimulation course which is a course that examines the needs of infants and toddlers with varying disabilities. Specific methods and materials for working with the child and parents are discussed.

c. develop a collaborative relationship with other faculty members from Nursing and Speech and Language Pathology and Audiology in order to begin exploration of interdisciplinary course offerings.

SECOND FOLLOW-UP MEETING

This meeting was held on January 25, 1993. The purpose of this meeting was to begin to develop a transdisciplinary program in early intervention at Adelphi University. Dr. Erwin will take the lead an arrange a meeting with faculty from other disciplines at Adelphi.

Additionally, Dr. Erwin wants to change the focus of some of the courses in Early Childhood (Infant Stimulation, Parent Counseling) to be more sensitive to issues in early intervention. She has the support from her Department Chair and will be making some revisions to go to the Curriculum Committee.

FIRST FOLLOW-UP MEETING ADELPHI UNIVERSITY FACULTY

This first meeting, organized by Dr. Erwin, was held on February 15, 1993. Those present were Dr. Erwin from Department of Early Childhood and Drs. Spivak, Meyers, Bonnie Soman and Lisbeth Zawicki from Speech in addition to the Chair of the Department of Speech and Audiology, Dr. Elaine Sand and the Chair of the Department of Education, Dr. Sheila Hollander. The purpose of this meeting was to begin discussion of a sixth year program in early intervention to be offered across disciplines. The questions raised were would this be possible for the 1994-1995 academic year and would it receive support from the Provost and President of Adelphi.

Both Chairs felt that it would receive more institutional support if the courses used were already on the books in the University. The assignments for the next meeting were to review courses within the Department of Education, Speech and Audiology, Social Work, Nursing, Psychology to see what potential there is currently within the University and what courses might have to be created.

SECOND FOLLOW-UP MEETING

This meeting was held on March 8, 1993 with Drs. Erwin and Spivak and Bonnie Soman in attendance. The outline for the Post Masters Certificate Program in Early Intervention was discussed. The program is designed for post masters students who are interested in working with infants and toddlers with disabilities and their families. This 18 credit program will provide students with a transdisciplinary model of intervention by infusing knowledge and clinical practice from the following fields referred to in PL 99-457: audiology, speech/language therapy, special education, medicine, nursing, psychology, social work, physical therapy, occupational therapy, and nutrition.

The proposed sequence of courses is:

Families, Culture, and Children	3 credits
Interdisciplinary Team Collaboration	3 credits
Early Intervention-Birth-2	3 credits
Infant Development	3 credits
Electives (2)	6 credits

All courses will have a field component related to young children and/or their families.

POST MASTERS CERTIFICATE PROGRAM IN EARLY INTERVENTION

PROGRAM PROPOSAL

Approved Electives

EDU 670	Contemporary Problems, Practices, and Perspectives in Special Education
EDU 667	Foundations and Issues in Early Childhood Education
EDU 668	Curriculum and Methods for young Children with and without Disabilities
EDU 800	Seminar in Problems and Issues in Special Education
HED 650	Health and Human Behavior: Ethnic Experiences
PED 653	Motor Learning
PED 624	Nutrition and Physical Activity
PED 658	Neuromotor Aspects of Performance
PSI ???	?????????????????????
NUR 603	Parent-Child Nursing I: Theoretical Foundations of Parent-Child Nursing
NUR 666	Ethical Issues
SPH 600	Speech and Hearing Science I
SPH 602	?????
SPH 603	Language Disorders in Children I
SPH 610	Speech Disorders in Children
SPH 611	Motor Speech Disorders
SPH 638	Language DIsorders in Children II
SPH 644	Pediatric Audiology
SPD 521	Beginning Sign Language
SWK 500	Issues in Social Work I
SWK 510	Personality Development and the Dynamics of Human Behavior I
SWK 530 -	Child Welfare: Issues in Policy and the Provision of Services
SWK 512	Culture of African-American, Hispanic, and Immigrant Populations
SWK 706 -	Social Work Practice in the Health Field
SWK 728 -	Social Work with Children

ADELPHI UNIVERSITY
School of Education
Garden City, NY 11530

EDU 774. Infant Stimulation ← this name has since been changed.
Fall 1992

Dr. Elizabeth J. Erwin
Office Hours: Harvey Hall (116)
Mon. 2:00-4:00
Thurs. 2:00-4:00
(516) 877- 4076

75 Varrick Street
Sat. 8:30-9:00
12:45-1:15
(212) 941- 9044

COURSE OVERVIEW

This course examines assessment, intervention, and state of the art practice in early intervention. Identifying quality services for infants and toddlers with disabilities and their families will be a focal point during the semester. Service delivery approaches will be analyzed. Developmental, medical, and environmental factors will be explored.

COURSE OBJECTIVES

1. Collaboratively develop an Individualized Service Plan (IFSP) using a team approach.
2. Understand cognitive, social, communication, and motor development in infants and toddlers with and without disabilities.
3. Identify factors that might influence development.
4. Administer emergency medical care to infants and toddlers.
5. Understand assessment and intervention practices in early intervention.
6. Utilize a family-directed approach when working with parents of youngsters with disabilities.
7. Identify a variety of service delivery options in early intervention and describe advantages and disadvantages of each.

REQUIRED TEXT

Raver, S, A. (1991). Strategies for teaching at-risk and handicapped infants and toddlers: A transdisciplinary approach. New York: Macmillan Publishing Company

RECOMMENDED TEXT

Batshaw, M. L., & Perret, Y. M. (1992). Children with disabilities: A medical primer (3rd ed.). Baltimore: Paul H. Brookes.

COURSE CALENDAR

DATE	TOPIC	ASSIGNMENTS
Aug. 31	Introduction, Uniqueness of early intervention	
Sept. 7	NO CLASS -- LABOR DAY	
Sept. 14	Service delivery approaches	Ch. 1 Raver
Sept. 21	Family-directed services	Ch. 12 Raver
Sept. 28	NO CLASS	
Oct. 5	Transdisciplinary team approach	Ch. 2 Raver
Oct. 12	Understanding PL 99-457 and the Individualized Family Service Plan (IFSP)	Ch. 13 Raver
Oct. 19	Team collaboration	Inclusion papers due
Oct. 26	Neonatal Intensive Care (NICU) visit	Ch. 6-7 Raver
Nov. 2	Growth and development (cognitive and motor)	Ch. 3-4 Raver
Nov. 9	Growth and development (social and communication)	Ch. 5 Raver
Nov. 16	Assessment in early intervention	
Nov. 23	Intervention and facilitation	Ch. 8-9 Raver
Nov. 30	Intervention and facilitation	Ch. 10-11 Raver IFSPs due
Dec. 7	Babylife	
Dec. 14	Babylife	
Dec. 21	Summary and discussion	

COURSE REQUIREMENTS

All assignments are expected to be double spaced and typewritten. Papers will not be accepted after their due date.

1. (a) Attend the conference on Saturday Oct. 17th "Best Practices: Achieving Inclusion in the Nineties" sponsored by New York Metro The Association for the Persons with Severe Handicaps (TASH) at SUNY Purchase in Westchester. You will need to register for the conference.

   OR

   (b) Submit a 10-15 page paper which critically analyzes the rationale and practice of inclusion. Papers are due on 10/12.

2. Visit a neonatal intensive care unit (NICU). Trip is scheduled during class time on 10/12. Details to be discussed in class.

3. The class will be divided into transdisciplinary teams. Students will select one team member's role they want to assume. The team will be given a case study and asked to develop jointly an IFSP.

   The team is responsible for handing in one (1) completed IFSP. Each team member will hand in a personal reaction to this team process. Personal reactions should not exceed three (3) pages. This reaction paper should address but not be limited to the following:

   What was the general climate like?
   Were there conflicts among the group? If so, what were they about and how were they addressed?
   What strategies were utilized to advance the discussions?
   Describe any roadblocks to achieving desired outcomes.
   Who was the case manager? How was this decision reached?

   Both parts of this assignment are due 11/30.

4. Participate in the two part Babylife course which is scheduled during class time on 12/7 and 12/14. If you miss the first class you will not be able to join the second class and will need to make up the course on your own time. You will also need to make up the second session on your own time if you are unable to attend class that evening.

5. Participate in class discussions and activities.

GRADING

Conference OR Paper	20 points
Neonatal visit	20 points
IFSP Project Group IFSP (20 points) Personal Reaction (20 points)	40 points
Babylife course	20 points
	100 points

ADDITIONAL READING

Bailey, D. B., & McWilliam, R. J. (1990). Normalizing early intervention. *Topics in Early Childhood Special Education*, *10* (2), 33-47.

Beckman, P. J., & Bailey, D. B. (Eds.). (1990). [Special Issue on Families]. *Journal of Early Intervention*.

Brazelton, T. B. (1989). *Families Crisis and Caring*. Reading, MA: Addison-Wesley Publishing Company.

Bredekamp, S. (Ed.). (1987). *Developmentally appropriate practice in early childhood programs serving children from birth through age 8*. (Expanded ed.). Washington, D.C.: National Association for the Education of Young Children.

Bricker, D. D. (1989). *Early intervention for at-risk and handicapped infants, toddlers, and preschool children*. (2nd ed.). Palo Alto: Vort Corporation.

Dunst, C. J., Trivette, C. M., & Deal, A. G. (1988). *Enabling and empowering families*. Cambridge, MA: Brookline Books.

Gallagher, J. J., Trohanis, P. L., Clifford, R. M. (Eds.). (1989). *Policy implementation and P.L. 99-457*. Baltimore: Paul H. Brookes.

Gartner, A., Lipsky, D. K., & Turnbull, A. P. (1991). *Supporting families with a child with a disability: An international outlook*. Baltimore: Paul H. Brookes.

Guralnick, M. J. (1990). Major accomplishments and future directions in early childhood mainstreaming. *Topics in Early Childhood Special Education* *10* (2), 1-17.

Hanson, M., & Lynch, E. (1989). *Early intervention: Implementing child and family services for infants and toddlers who are at risk or disabled*. Austin, TX: PRO-ED.

McDonnell, A., & Hardman, M. (1988). A synthesis of "Best Practice" Guidelines for early childhood services. *Journal of the Division for Early Childhood*, *12*, 328-341.

McGonigel, M. J., Kaufman, R. K., & Johnson, B. H. (1991). *Guidelines and recommended practice for the individualized family service plan*. (2nd.ed.) Bethesda, MD: Association for the Care of Children's Health.

Meisels, S. J., & Shonkoff, J. P. (Eds.). (1990). *Handbook of early childhood intervention*. Cambridge: Cambridge University Press.

Merenstein, N. (1990). *Babylife*. New York: Doubleday.

Odom, S. L., & Karnes, M. B. (Eds.). (1988). *Early intervention for infants and children with handicaps*. Baltimore: Paul H. Brookes.

Turnbull, A. P., & Turnbull, H. R. (1990). *Families, professionals and exceptionality: A special partnership*. (2nd ed.) Columbus: Merrill Publishing Company.

ADELPHI UNIVERSITY
School of Education
Garden City, NY 11530

EDU 667. Psycho-Educational Needs of the Preschool Exceptional Child

Fall 1992
Dr. Elizabeth Erwin

Office Hours:	Harvey Hall (116)	75 Varrick Street
	Mon. 2:00 - 4:00	Sat. 8:30 - 9:00
	Thurs. 2:00 - 4:00	12:45 - 1:15
	(516) 877 - 4076	(212) 941 - 9044

COURSE OVERVIEW:

This course explores educational, philosophical and historical foundations of early childhood special education (ECSE). Best practices and current issues in the field will be discussed. Growth and development of young children with and without disabilities will be addressed.

COURSE OBJECTIVES:

1. Identify best practices for working with young children with and without disabilities.
2. Understand historical and legal perspectives that have guided the field of early childhood special education.
3. Understand theories and developmental milestones in child development.
4. Identify similarities and differences in young children with and without disabilities.
5. Describe the importance of families in early childhood education.
6. Understand the potential impact and implications of specific disabilities on development.
7. Join a professional organization.

REQUIRED TEXT:

Peterson, N. L. (1987). Early Intervention for Handicapped and At-Risk Children. Denver: Love Publishing Co.

RECOMMENDED TEXT:

Bredekamp, S. (Ed.). (1991). Developmentally Appropriate Practice in Early Childood Programs Serving Children from Birth to Age 8. Washington, D. C.: National Association for the Education of Young Children.

Additional readings will be handed out in class.

COURSE CALENDAR

DATE	TOPIC	ASSIGNMENTS
Sept. 3	Introduction; Uniqueness of ECSE	
Sept. 10	Foundations and Best Practices in ECSE	Ch. 1-2 Peterson
Sept. 17	Historical and Legal Perspectives	Ch. 3 Peterson
Sept. 24	Family Systems Theory	Ch. 10 Peterson Abstracts due
Oct. 1	The Role and Function of Teams	Ch. 11 Peterson
Oct. 8	Philosophical and Educational Foundations of Inclusion	Ch. 8 Peterson
Oct. 15	NO CLASS -- Attend TASH Conference on October 17th	
Oct. 22	Principles and Theories in Child Development	Ch. 9 Peterson Ch. 1 NAEYC Inclusion Papers Due
Oct. 29	Child Development	Ch. 4-6 NAEYC
Nov. 5	Child Development	Ch. 8 NAEYC
Nov. 12	The Dynamics of Play	
Nov. 19	The Impact and Implications of Disabilities	Ch. 4-5 Peterson Site Visit Papers Due
Nov. 26	NO CLASS -- THANKSGIVING HOLIDAY	
Dec. 3	The Impact and Implications of Disabilities	Ch. 6 Peterson
Dec. 10	Defining the Role of the Practitioner	Ch. 12 Peterson
Dec. 17	Final examination	

COURSE REQUIREMENTS:

All assignments are expected to be double spaced and typewritten. Papers will not be accepted after their due date.

1. (a) Visit two (2) sites that serve preschool children with disabilities. This includes but is not limited to:

   early intervention program
   nursery or preschool
   day care setting
   hospital setting
   child's home

   Submit a written 3-5 page analysis on each of your visits. Format will be distributed in class. Individuals or small groups may visit a program at one time although each visit must receive prior approval from Dr. Erwin. Papers are due no later than 11/16 but may be handed earlier.

   OR

   (b) Select two (2) research articles and analyze each article using the format handed out in class. Each article must involve young children with disabilities. Abstracts due 9/24.

2. (a) Attend the conference on Saturday Oct. 17th "Best Practices: Achieving Inclusion in the Nineties" sponsored by New York Metro The Association for Persons with Severe Handicaps (TASH) at SUNY Purchase in Westchester. You will need to register for the conference.

   OR

   (b) Submit a 10-15 page paper which critically analyzes the rationale and practice of inclusion. Papers are due 10/22.

3. ~~In class~~ final examination on 12/17.

4. Participation in class discussions and readings.

GRADING:

Site Visits OR Abstracts	40 points (20 points each)
Conference OR Paper	30 points
Final Examination	30 points
	100 points

ADDITIONAL READING

Batshaw, M., & Perret, Y. M. (1992). Children with disabilities: A medical primer (3rd ed.). Baltimore: Paul H. Brookes.

Beckman, P. J., & Bailey, D. B. (Eds.). (1990). [Special Issue on Families]. Journal of Early Intervention.

Beckman, P. J., & Burke, P. J. (1984). Early-childhood special education: State of the art. Topics in Early Childhood Special Education 4 (1), 19-32.

Bricker, D. D. (1989). Early intervention for at-risk and handicapped infants, toddlers, and preschool children. (2nd ed.). Palo Alto: Vort Corporation.

Bruner, J. (1977). The process of education. Cambridge, MA: Harvard University Press.

Dunst, C. J., Trivette, C. M., & Deal, A. G. (1988). Enabling and empowering families. Cambridge, MA: Brookline Books.

Elkind, D. (1987). Miseducation: Preschoolers at risk. New York: Alfred A. Knopf.

Erwin, E. J. (1991). Guidelines for integrating young children with visual impairments in general educational settings. Journal of Visual Impairment and Blindness, 85, 253-260.

Gallagher, J. J., Trohanis, P. L., Clifford, R. M. (Eds.). (1989). Policy implementation and P.L. 99-457. Baltimore: Paul H. Brookes.

Gaylord-Ross, R. (1989). Integrating strategies for students with handicaps. Baltimore: Paul H. Brookes.

Guralnick, M. J. (1990). Major accomplishments and future directions in early childhood mainstreaming. Topics in Early Childhood Special Education 10 (2), 1-17.

Maxim, G. W. (1989). The Very Young. (2nd ed). Columbus: Merrill Publishing Company.

McDonnell, A., & Hardman, M. (1988). A synthesis of "Best Practice" Guidelines for early childhood services. Journal of the Division for Early Childhood, 12, 328-341.

Odom, S. L., & Karnes, M. B. (Eds.). (1988). Early intervention for infants and children with handicaps. Baltimore: Paul H. Brookes.

Odom, S. L., McConnell, S. R., & McEvoy, M. A. (Eds.). (1992). Social competence of young children with disabilities: Nature, development and intervention. Baltimore: Paul H. Brookes.

Piaget, J. (1962). Play, dreams and imitation in childhood. New York: W. W. Norton and Company.

Pulaski, M. A. (1980). Understanding Piaget. New York: Harper and Row.

Safford, P. L. (1989). Integrated teaching in early childhood: Starting in the mainstream. White Plains: Longman, Inc.

Salisbury, C. L., & Vincent, L. J. (1990). Criterion of the next environment and best practices: Mainstreaming and integration 10 years later. Topics in Early Childhood Special Education, 10 (2), 78-89.

Stainback, S., Stainback, W., & Forest, M. (1989). Educating all students in the mainstream of regular education. Baltimore: Paul H. Brookes.

Turnbull, A. P., & Turnbull, H. R. (1990). Families, professionals and exceptionality: A special partnership. (2nd ed.) Columbus: Merrill Publishing Company.

ADELPHI UNIVERSITY
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75 Varrick Street
New York NY 10013

EDU 778. Special Topics in Early Childhood Special Education
Spring 1993

Dr. Elizabeth Erwin

Office Hours:	Mon. 2:00 - 4:00	Sat. 8:30 - 9:00
	Thurs. 4:00 - 6:00	2:15 - 2:45
	116 Harvey Hall	75 Varrick Street
	(516) 877-4076	(212) 941 - 9044
	(516) 877- 4090 for appt.	

COURSE OVERVIEW:

This course will provide an in-depth analysis of current problems, trends, and issues in the field of early childhood special education (ECSE). Students will select a topic based upon personal and professional interest, and conduct a comprehensive investigation on the topic through readings and clinical study.

COURSE OBJECTIVES:

1. To demonstrate knowledge of current issues and trends in ECSE.
2. To identify and articulate a problem in ECSE.
3. To analyze the issue through readings and investigation.
4. To present a written and oral presentation regarding your issue.
5. To translate findings related to your topic into implications and application strategies for personnel in ECSE or ECE.
6. To reflect on one's experiences as an educator and researcher.

COURSE REQUIREMENTS:

All assignments are expected to be double spaced and typewritten. Papers will not be accepted after their due date. Papers must be written in APA style. Be prepared to share your assignments with the class through oral presentations and lead a discussion regarding your topic.

1. **Proposal** -- this proposal should identify an issue in ECSE and outline the activities needed to examine the issue more closely. The proposal should include a specific problem, a synthesis of the previous research, and a detailed plan for gathering more information. Proposals should be approximately 3-5 pages.

COURSE REQUIREMENTS continued:

2. **Research Paper** -- this paper should reflect an in-depth analysis of your selected issue. The following format is suggested:

(a) problem statement
(b) previous research
(c) importance of the topic
(d) problem statement
(e) method
(f) results
(g) implications
(h) personal/professional reflection
(i) conclusion and summary

3. Participation in class discussions. Attendance and lateness record is noted.

RECOMMENDED TEXT:

American Psychological Association. (1984). Publication Manuel of the American Psychological Association. Washington. D.C.: Author.

COURSE GRADING:

This class is offered for one credit only.

Proposal	25 points
Research Paper	75 points
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	100 points

COURSE CALENDAR

Jan. 23	Introduction
Jan. 30	Special Topic Discussion
Feb. 6	Proposals Due
Feb. 13	Proposals Due
Feb. 20	Project Updates
Feb. 27	Project Updates
Mar. 6	Research Paper and Presentation Due
Mar. 13	Summary, Implications, and Discussion

Recommended Reading

Anderson, P. P & Fenichel, E. S. (1989). *Serving culturally diverse families of infants and toddlers with disabilities*. Washington, D. C.: National Center for Clinical Infant Programs.

Bailey, D. B (1987). Collaborative goal-setting with families: Resolving differences in values and priorities for services. *Topics in Early Childhood Special Education, 7*(2), 59-71.

Beckman, P. J. & Bailey, D. B. (Eds.). (1990). [Special Issue on Families]. *Journal of Early Intervention*.

Bredekamp, S. (Ed.). (1987). *Developmentally appropriate practice in early childhood programs serving children from birth through age 8*. (Expanded ed.). Washington, D.C.: National Association for the Education of Young Children.

Dokecki, P. R., Baumeister, A. A., & Kupstas, F. D. (1989). Biomedical and social aspects of pediatric aids. *Journal of Early Intervention, 13*, 99-113.

Dunst, C. J., Trivette, C. M., & Deal, A. G. (1988). *Enabling and empowering families*. Cambridge, MA: Brookline Books.

Ensher, G. L. & Clark, D. A. (1986). *Newborns at risk*. Rockville: Aspen Publishers Inc.

Feig, L. (1990). *Drug exposed infants and children: Services and policy questions*. Washington, D.C.: U. S. Department of Health and Human Services.

Gallagher, J. J., Trohanis, P. L., Clifford, R. M. (Eds.). (1989). *Policy implementation and P. L. 99-457*. Baltimore: Paul H. Brookes.

Guralnick, M. J. (1990). Major accomplishments and future directions in early childhood mainstreaming. *Topics in Early Childhood Special Education, 10* (2), 1-17.

Guralnick, M. J. (1990). Social competence and early intervention. *Journal of Early Intervention, 14*, 3-14.

Hanson, M. J., Lynch, E. W., & Wayman, K. I. (1990). Honoring the cultural diversity of families when gathering data. *Topics in Early Childhood Special Education, 10* (1), 112-131.

Heriza, C. B. & Sweeney, J. K. (1990). Effects of NICU intervention on preterm infants: Part 1 -- Implications for neonatal practice. *Infants and Young Children, 2*, 31-47.

Recommended Reading continued

Lipsky, D. K. & Gartner, A. (Eds.). (1989). Beyond Separate Education: Quality education for all. Baltimore: Paul H. Brookes.

Lynch, E. W. & Hanson, M. J. (Eds.). (1992). Developing cross-cultural competence. Baltimore: Paul H. Brookes.

McCollum, J. A. & Thorp, E. K. (1988). Training of infant specialists: A look to the future. Infants and Young Children, 1, 55-65.

Meisels, S. J. & Shonkoff, J. P. (Eds.). (1990). Handbook of early childhood intervention. Cambridge: Cambridge University Press.

Odom, S. L. & Karnes, M. B. (Eds.). (1988). Early intervention for infants and children with handicaps. Baltimore: Paul H. Brookes.

Peck, C. A., Odom, S. L., & Bricker, D. D. (Eds.). (1993). Integrating young children with disabilities into community programs. Baltimore: Paul H. Brookes.

Prenatal substance abuse [Special issue]. (1990). Children Today, 19(4).

Schneider, J. W., Griffith, D. R., & Chasnoff, I. J. (1989). Infants exposed to cocaine in utero: Implications for developmental assessment and intervention. Infants and Young Children, 2, 25-36.

Schnorr, R. T. (1990). "Peter? He comes and goes...": First graders' perspectives on a part-time mainstream student. The Journal for the Association for Persons with Severe Handicaps, 15, 231-240.

Scholl, G. T. (Ed.). (1986). Foundations of education for blind and visually handicapped children and youth: Theory and practice. New York: American Foundation for the Blind.

Schutter, L. S. & Brinker, R. P. (1992). Conjuring a new category of disability from prenatal cocaine exposure: Are the infants unique biological or caretaking casualties? Topics in Early Childhood Special Education, 11(4), 84-111.

Stainback, S. Stainback, W., Forest, M. (Eds.). (1989). Educating all students in the mainstream of regular education. Baltimore: Paul H. Brookes.

Stainback, S. & Stainback, W. (Eds.). (1992). Curriculum considerations in inclusive classrooms. Baltimore: Paul H. Brookes.

ADELPHI UNIVERSITY
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EDU 668. Educational Interventions in Preschool Special Education
Spring 1993

Dr. Elizabeth Erwin
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COURSE OVERVIEW:

This course is designed to assist practitioners in creatively planning, implementing, and evaluating appropriate programs and activities for young children with disabilities. Content will cover curriculum development, functional and developmental approaches to intervention, environmental engineering, and celebrating diversity. An emphasis on families will be provided throughout the course.

COURSE OBJECTIVES:

1. Observe, record, and interpret the behavior of a young child with disabilities.
2. Develop appropriate goals and objectives for young children.
3. Translate goals and objectives into creative learning activities.
4. Design activity-based instruction for young children with disabilities.
5. Understand and promote diversity through instructional and environmental planning.
6. Identify quality indicators in early childhood programs.
7. Integrate knowledge and strategies form different disciplines in designing intervention.
8. Design an early childhood curriculum.
9. Adapt curriculum content and materials to meet the needs of young children with disabilities.

REQUIRED TEXT:

Bailey, D. B. & Wolery, M. (1992). Teaching infants and preschoolers with disabilities (2nd ed.). New York: Merrill.

RECOMMENDED TEXT:

Peck, C. A., Odom, S. L., & Bricker, D. D. (Eds.). (1993). Integrating young children with disabilities into community programs. Baltimore: Paul H. Brookes.

COURSE REQUIREMENTS:

All papers are expected to be double spaced and typewritten. Papers will not be accepted after their due date but may be handed in earlier.

I. **Observation of a preschool child with disabilities**:

Locate and observe a 3-5 year old child with an identified disability for a total of five (5) hours. For at least two of the five hours, the child must be receiving therapy (which can be delivered in the classroom or in therapy room). Keep a written journal or running record of your observations which will be handed in. Identify each observation period as a separate observation. Be sure to maintain confidentiality of child and family.

1. At the end of the first two and a half hours of observation, submit a detailed observational analysis of your experiences which include:

   A. Description of the child (age, disability, background information) and child's general behavior (motivation, interests, priorities).

   B. Collect data on one aspect of child's behavior. Describe why you selected specific behavior to observe and why you used data collection tool(s).

   C. Interpret results.

   D. Based upon your results:

      (a) develop goals and objectives to enhance child's skill acquisition

      (b) recommend two (2) activities that would enable child to achieve these goals.

Observational Analyses are due on Feb. 18th.

COURSE REQUIREMENTS continued:

I. **Observation of a preschool child with disabilities**:

2. At the end of the entire 5 hour observation period, you will be developing an **activity-based routine catalogue** for the child you are observing. The activity-based intervention should contain goals for all the (a) activities within the child's normal classroom routine and (b) across developmental and behavioral domains. Goals developed from activity #1 should also be incorporated. Format will be discussed in class.

Activity-based intervention due on April 1st.

Journals/logs to be handed in on April 1st.

II. Design an **appropriate curriculum for young children** (target audience should include children with and without disabilities). Format to be discussed in class. Be prepared to **present your project to the class on April 29th**.

III. Class participation, attendance, and lateness contribute to your grade.

GRADING:

Observational analysis	25 points
Activity-based instruction	25 points
Observation journal or log	10 points
Early childhood curriculum	40 points
	100 points

COURSE CALENDAR

DATE	TOPIC	ASSIGNMENT
Jan. 21	Course Overview	Bailey & Wolery, Ch. 1-2
Jan. 28	Observing and recording children's behavior	Bailey & Wolery, Ch. 3
Feb. 4	Translating assessment into goals and objectives	Bailey & Wolery, Ch. 4
Feb. 11	Implementing DAP	Bailey & Wolery, Ch. 5-6
Feb. 18	Celebrating diversity	Observational analyses due
Feb. 25	Positioning and handling	Bailey & Wolery, Ch. 12
Mar. 4	Educating children with severe disabilities	Bailey & Wolery, Ch. 14 Ch. 15
Mar. 11	Medical management & care	Bailey & Wolery, Ch. 13
Mar. 18	Activity-based instruction	Bailey & Wolery, Ch. 6,8
Mar. 25	Strategies for promoting inclusion	
Apr. 1	Designing an appropriate early childhood curriculum	Activity based assignments & logs due
Apr. 8	NO CLASS -- SPRING BREAK	
Apr. 15	Environmental engineering	Bailey & Wolery, Ch. 7
Apr. 22	Addressing morals, ethics, & self esteem	Bailey & Wolery, Ch. 9 Ch. 10
Apr. 29	Curriculum presentations	Curricula due
May 6	Summary and discussion	

ADDITIONAL READING

Bailey, D. B., Clifford, R. M., & Harms, T. (1982). Comparison of preschool environments for handicapped and nonhandicapped children. *Topics in Early childhood Special Education, 2*(1), 9-20.

Beatty, J. J. (1990). *Observing development of the young child* (2nd ed.). New York: Merrill.

Bredekamp, S. (Ed.). (1991). *Developmentally appropriate practice in early childhood programs serving children from birth to age 8*. Washington, D. C.: National Association for the Education of Young Children.

Bricker, D. D. & Cripe, J. J. (1989). Activity-based intervention. In Bricker, D. *Early intervention for at-risk and handicapped infants, toddlers, and preschool children*. (2nd ed.). Palo Alto: Vort Corporation.

Brown, L, Long, E., Udvari-Solner, A., Davis, L., VanDeventer, P, Ahlgren, C., Johnson, F., Gruenwald, L, & Jorgensen, J. (1989). The home school: Why students with severed intellectual disabilities must attend the schools of their brothers, sisters, friends, and neighbors. *The Journal of the Association for Persons with Severe Handicaps, 14*, 1-7.

Carta, J. J., Schwartz, I. S., Atwater, J. B. & McConnell, S. R. (1991). Developmentally appropriate practice: Appraising its usefulness for young children with disabilities. *Topics in Early Childhood Special Education, 11*(1), 1-20.

Cole, K. N., Mills, P. E., Dale, P. S., & Jenkins, J. R. (1991). Effects of preschool integration for children with disabilities. *Exceptional Children, 58*, 36-45.

Coles, R. (1990). *The spiritual life of children*. Boston: Houghton Mifflin Company.

Cook, R., Tessier, A., Armbruster, V. (1987). *Adapting early childhood curricula for children with special needs*. Columbus: Merrill.

Corsaro, W. A. (1979). "We´re friends, right?: Children´s use of access rituals in a nursery school. *Language and Society, 8*, 315-336.

DeKlyen, M. & Odom. S. L. (1989). Activity structure and social interactions with peers in developmentally integrated play groups. *Journal of Early Intervention, 13*, 342-352.

Elkind, D. (1992). Spirituality in education. *Holistic Education, 5*(1), 12-16.

Guralnick, M. J. (1990). Social competence and early intervention. Journal of Early intervention, 14, 3-14.

Hanson, M. & Lynch, E. (1989). Early intervention: Implementing child and family services for infants and toddlers who are at-risk or disabled. Austin: Pro-Ed.

Lynch, E. W. & Hanson, M. J. (Eds.). (1992). Developing cross-cultural competence. Baltimore: Paul H. Brookes.

Neugebauer, B. (Ed.). (1992). Alike and different: Exploring our humanity with young children (rev. ed.). Washington, D.C.: National Association for the Education of Young Children.

Odom, S. L., & Karnes, M. B. (Eds.). (1988). Early intervention for infants and children with handicaps. Baltimore: Paul H. Brookes.

Odom, S. L., McConnell, S. R., & McEvoy, M. A. (Eds.). (1992). Social competence of young children with disabilities: Nature, development, and intervention. Baltimore: Paul H. Brookes.

Rubin, Z. (1980). Children's friendships. Cambridge: Harvard University Press.

Safford, P. S. (1989). Integrated teaching in early childhood: Starting in the mainstream. White Plains: Longman, Inc.

Salisbury, C., Britzman, D., & Kang, J. (1989). Using qualitative methods to assess the social-communicative competence of young handicapped children. Journal of Early Intervention, 13, 153-164.

Sparling, J. J. (1989). Narrow- and broad-spectrum curricula: Two necessary parts of the special child's program. Infants and Young Children 1(4), 1-8.

Stainback, S., & Stainback, W. (Eds.). (1992). Curriculum considerations in inclusive classrooms: Facilitating learning for all students. Baltimore: Paul H. Brookes.

Stainback, S., Stainback, W., & Forest, M. (Eds.). Educating all students in the mainstream of regular education. Baltimore: Paul H. Brookes.

Strain, P. S. (1991). Ensuring quality early intervention for children with severe disabilities. In L. Meyer, C. A. Peck, & Brown, L. (Eds.). Critical issues in the lives of people with severe disabilities, (pp. 479-483). Baltimore: Paul H. Brookes.

Strain, P. S. & Odom, S. L. (1986). Peer social initiations: Effective intervention for social skills development of exceptional children. Exceptional Children, 52, 543-551.

ADELPHI UNIVERSITY
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New Course Proposal

Transdisciplinary Team Collaboration in Early Intervention

CATALOGUE DESCRIPTION

This course crosses disciplinary boundaries by providing a unified approach for understanding implications and intervention for young children with disabilities and their families from an educational, psychological, therapeutic, and medical perspective. Team building and collaboration will be a major focus of the course.

RATIONALE FOR THIS COURSE:

In early intervention professionals and families must work closely together to develop, implement, and evaluate services for infants, toddlers, and preschoolers with disabilities. Therefore, it is essential that professionals possess specific skills for maximizing their participation on the team. In order to provide children and their families with quality and coordinated services, it is first necessary to understand the roles and responsibilities of other professionals who might be part of the team.

P.L. 99-458 has outlined the following disciplines eligible to provide early intervention services: audiology, speech/language therapy, medicine, education, occupational therapy, physical therapy, nutrition, nursing, social work and psychology. In response to national legislation, it is vital that practitioners trained to work with youngsters with disabilities and their families are properly trained to understand, infuse, and implement knowledge from other disciplines.

RELATION TO OTHER COURSES:

This course is closely linked to other course in the Early Childhood Special Education program because it is a required course that integrates knowledge and practice from other required courses into a unified approach of service delivery. In addition, this course is available as an elective for students from other programs and departments (i.e., special education school-age, communication sciences, social work, psychology, nursing) who are interested in addressing the needs of infants, toddlers, and preschoolers with disabilities and their families.

COURSE OBJECTIVES:

1. Implement and evaluate strategies for effective communication and conflict resolution.
2. Understand the dynamics of teams.
3. Identify potential members of a team and their responsibilities related to their discipline.
4. Utilize an cross-disciplinary approach to intervention.

COURSE OUTLINE

Overview:

This course is designed for services providers across disciplines who will be working with young children with disabilities and their families. Emphasis will be on building family-professional partnerships and delivering services utilizing a team approach. This course will address specific techniques and strategies for collaborative goal setting, effective communication, and conflict resolution. Guest speakers from a variety of disciplines will lead discussion throughout the course.

Topics To Be Covered:

- Family-Directed Services
- Dynamics of Teams
    - Foundations and Models of Teaming
    - Role and Function of Team Members
- Effective Communication and Collaboration
- Multicultural Perspectives
- Transdisciplinary Approach to Intervention
- Discipline Specific Approaches to Intervention:
    - Medicine
    - Nursing
    - Social Work
    - Special Education
    - Nutrition
    - Psychology
    - Speech/Language Therapy
    - Occupational Therapy
    - Physical Therapy
    - Audiology

Texts To Be Used:

Tingey, C. (1989). Implementing early intervention. Baltimore: Paul H. Brookes.

Course Requirements:

1. Class participation. This includes attending all class sessions on time and actively contributing to class discussions.

2. Case Study. Case study of a young child with disabilities and his/her family to be distributed. Students will submit a detailed analysis of the case study from an transdisciplinary perspective. Format to be distributed in class.

3. Collaboration Project. Students will assume and play roles related to a case study of a young child with a disability and his or her family. Students will develop a plan of intervention for this family. At the end of the assignment, students will critique themselves and a fellow classmate regarding participation and application of collaboration practices.

Grading:

Class Participation	20 points
Case Study Analysis	40 points
Collaboration Project:	
Group intervention plan	20 points
Critique(s)	20 points
	100 points

ADDITIONAL READING AND REFERENCES

American Speech-Language-Hearing Association (1989). Communication-based services for infants, toddlers, and their families. ASHA, 31, (5), 32-34.

Bailey, D., & Simeonsson, R. (1988). Home-based early interventions. In S. Odom & M. B. Karnes (Eds.), Early intervention for infants and children with handicaps: An empirical base (pp. 199- 216). Baltimore: Paul H. Brookes Publishing Co.

Bailey, D., B., Simeonsson, R. J., Yoder, D. E., & Huntington, G. S. (1990). Preparing professionals to serve infants and toddlers with handicaps and their families: An integrative analysis across eight disciplines. Exceptional Children, 57, 26-34.

Brandt, P. A., & Magyary, D. L. (1989). Preparation of clinical nurse specialists for family-centered early intervention. Infants and Young Children, 1, 51-62.

Brewer, E., McPherson, M., Magrab, P., & Hutchins, V. (1989). Family-centered community-based coordinated care for children with special health care needs. Pediatrics, 83, (6), 1055-1060.

Bruder, M., & McLean, M. (1988). Personnel preparation for infant interventionists: A review of federally funded projects. The Journal of the Division for Early Childhood, 12(4), 299-305.

Campbell, P. H. (1987). The integrated programming team: An Approach for coordinating professionals of various disciplines in programs for students with severe and multiple handicaps. The Journal of the Association for Persons with Severe Handicaps, 12, 107-116.

Cochrane, C. G., Farley, B. G., & Wilhelm, I. J. (1990). Preparation of physical therapists to work with handicapped infants and their families: Current status and training needs. Physical Therapy, 70, 372-380.

Courtnage, L., & Smith-Davis, J. (1987). Interdisciplinary team training: A national survey of special education teacher training programs. Exceptional Children, 53, 451-458.

Coury, D. L. (1990). Training physicians for increase involvement with children with special needs. Infants and Young Children, 2, 51-57.

Crais, E. R., & Leonard, C. R. (1990, April). P.L. 99-457: Are speech-language pathologists prepared for the challenge? ASHA, 57-61.

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Adelphi University
School of Education
Garden City, NY 11530

NEW COURSE PROPOSAL

Families, Culture, and Children

CATALOGUE DESCRIPTION

This course will provide students with a conceptual framework for understanding the importance of families in children's lives. Students will examine the philosophical, psychological and sociological basis for including families in the decision-making process. Building professional and family partnerships will be emphasized throughout the course. This course will also highlight ethnicity, culture, and family structure.

RATIONALE FOR THIS COURSE

Because of the widely recognized belief of the family's vital role in a child's life as well as changing structure of the "traditional" family, this course addresses the need for understanding the uniqueness of families and the important role they can play in education.

RELATION TO OTHER COURSES

This course plays a fundamental role in grounding the other required courses in Early Childhood Special Education (ECSE) because it addresses the consistent theme of families in an in-depth manner. For example, this course will closely examine several dimensions of families that are not systematically addressed elsewhere including the stages of parenting, impact of a child with a disability of family dynamics, and contrasts between school and home values. Not only is this course an a requirement in the ECSE masters degree program, but is also required of students in the school-age Special Education masters degree program. In addition, students seeking the Early Childhood Annotation which will be offered by the Elementary Education Department by 1994. [illegible]

COURSE OBJECTIVES:

1. Describe principles and practices of family-centered care and family systems theory.
2. Apply principles and practices of collaboration to build partnerships with families.
3. Understand the developmental stages of parenting.
4. Understand emerging issues faced by families including (homelessness, child care, child abuse)
5. Utilize self knowledge as a tool for enhancing your ability to understand and collaborate with families.
6. Understand the discrepancies between the social and educational values between the family and school.

COURSE OUTLINE OR SYLLABUS

Overview:

The focus of this course will be on understanding families from a family systems approach as a means of effectively building partnerships between professionals and families. Identifying and implementing family-centered services will be heavily emphasized. Class discussions will address the psycho-social implications of children with and without disabilities and their families. The relationship between the family and other social organizations (i.e., community, schools, religious affiliations) will be critically explored.

Topics to be Covered:

Developmental stages of parenting
Impact of child with a disability on the family
Family systems theory
Family-directed practice
Building partnerships with families
Cultural diversity, gender roles and family structure

Texts to be Used:

Biklen, D. (1992). Schooling without labels: Parents, educators, and inclusive education. Philadelphia: Temple University Press.

Course requirements:

1. Class participation. This includes attending all sessions on time and actively contributing to class discussions.

2. Family Perception Profile. This is an assignment designed to critically explore personal perceptions about family life, values, parenting, and expectations. Format to be distributed in class.

3. Family Field Experience. Students are responsible for locating a family with a child with or without disabilities and provide a total of five (5) hours of assistance or support for that family. The nature of the support will vary from family to family. The purpose of this assignment is to gain insight into the nature of family networks. This assignment will be be discussed in detail during class. A summary paper describing your experiences is due at the end of the semester.

4. Family Interview. This interview is to be conducted with a family (could be same family for above assignment) for the purpose of gathering information in a professional and collaborative manner. Details to be discussed in class.

Grading:

Class Participation	20 points
Family Perception Profile	20 points
Family Field Experience	40 points
Family Interview	20 points
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	100 points

ADDITIONAL READING AND REFERENCES

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DR. JACQUELINE ROSE HOTT

DEAN AND PROFESSOR EMERITA

SCHOOL OF NURSING

ADELPHI UNIVERSITY

Dr. Hott is Dean Emerita of the Nursing Department at Adelphi University. She is also Project Coordinator of Project Talk With Me, an interdisciplinary program for early detection of hearing impairment in infants, in collaboration with Winthrop University Hospital.

Background

Dr. Hott holds her Ph.D. in Nursing from New York University. For many years she was the Dean of the School of Nursing at Adelphi University. She is currently the Project Coordinator for Project Talk With Me. Dr. Hott has taught at Columbia University.

Motivation

Dr. Hott was highly motivated to participate in the Higher Education Faculty Institute. She coordinated and facilitated its being given on the campus of Adelphi University in the Fall, 1992 semester. She felt that it was imperative that members of the departments represented as well as faculty of Project Talk With Me have the opportunity to learn more about the principles and best practice in early intervention.

Program Description

The School of Nursing is committed to the pursuit of professional learning synthesized with the arts, sciences, and humanities. Its mission is to educate professional nurses who have the knowledge, skills, and values to become informed, creative thinkers; the motivation to pursue lifelong learning; and the ability to translate new knowledge and skills into comprehensive nursing care for all members of society.

The school provides opportunities for individuals to undertake professional careers utilizing educational pathways leading to the Bachelor of Science degree, Master of Science, and Doctor of Philosophy degrees. The primary goal of baccalaureate studies is to prepare nurses for entry into professional practice. Master's education is essential for leadership roles in specialized professional practice, education, and management. The ph.D. program prepares nurses to define, articulate, and influence the nature and direction of nursing knowledge, practice, education, and administration.

The Master's degree offers the following concentrations:

- Clinical Specialization
  - Adult-Health Nursing
  - Mental Health-Psychiatric Nursing
  - Parent-Child Nursing
- Nursing Service Administration
- Nursing Education

Follow-up Contacts and Goals

Dr. Hott has participated in follow-up activities. Her initial thrust after the Institute was to begin to organize and educational conference, in coordination with Winthrop University Hospital Department of Pediatrics.

FIRST FOLLOW-UP MEETING

The first follow-up meeting was held at Adelphi University on October 6, 1992. Dr. Hott had prepared a mailing about the conference to be held on December 2, 1992. The conference is open to parents, health care professionals and students and will focus on three primary topics:

1. P.L. 99-457, Part H
2. Components of Service Delivery
3. Individualized Family Service Plan

This flyer will be mailed to an extensive list of people in the Nassau, Suffolk communities.

SECOND FOLLOW-UP MEETING

The second meeting was held with Dr. Lippman on November 24, 1992. Drs. Lippman and Bologna and Margaret Sampson of STARN will present at this meeting and then small study groups will be formed to discuss issues in depth.

THIRD FOLLOW-UP MEETING

This meeting was held on December 1, 1992 to finalize plans for the conference on Dec. 2, 1992. Approximately 50 participants are expected and members of the faculty will be assisting the presenters in small group discussions.

FOURTH FOLLOW-UP MEETING

This meeting, held on December 2, 1992 at Adelphi University was a community meeting sponsored by Adelphi University and the Winthrop University Hospital Department of Pediatrics, and Project Talk With Me, an interdisciplinary program for early detection of hearing impairment in infants. It was an educational conference addressing P.L. 99-457, Service Coordination and the Individualized Family Services Plan. Seventy-five members of the educational, service and parent community were in attendance.

FIFTH FOLLOW-UP MEETING

This meeting was held on March 9, 1993 with Dr. Hott and Dr. Lippman. The purpose of this meeting was to review, for purchase, videos about family directed early intervention for Project Talk With Me. Dr. Hott has decided to purchase "Heart to Heart", "Family Centered Care", and a video on the IFSP process.

DR. FLORENCE MYERS

PROFESSOR

SPEECH ARTS AND COMMUNICATIVE DISORDERS

DEPARTMENT OF EDUCATION

ADELPHI UNIVERSITY

Dr. Myers is a Professor of Speech Pathology at Adelphi University. She is also a member of the Advisory Board of Project Talk With Me an interdisciplinary program for early detection of hearing impairment in infants sponsored by Adelphi University and Winthrop University Hospital Department of Pediatrics.

Background

Dr. Myers is a full Professor at Adelphi University. She holds a Ph.D. and is a certified speech pathologist. Dr. Myers has been teaching in higher education for 20 years.

Motivation

Dr. Myers was primarily motivated to participate in the Higher Education Faculty Institute in order to infuse best practice of early intervention into her curriculum.

Program Description

Through its graduate programs in Speech-Language Pathology, Audiology, and Deaf Studies, the Department of Speech Arts and Communicative Disorders offers advanced education and training in normal communication processes; disorders of speech, language, and communication; and remediation techniques for disorders of human communication. A comprehensive understanding of disordered communication rests on a firm knowledge base of normal speech, language, and hearing processes. Such an understanding is drawn from course work in linguistics, psychology, speech and hearing science, anatomy and physiology, psychometrics, as well as from a detailed study of communication disorders due to functional and organic etiologies. The Department of Speech Arts and Communicative Disorders offers a Masters of Science degree in the areas of: communicative disorders (speech-language pathology/audiology) and deaf studies.

The department provides students with the academic training and clinical experience necessary to qualify for an M.S. degree, New York State licensure, and certification by the New York State Department of Education.

In addition, the department offers one of the few professional doctorates in communication disorders in the country and is innovative in its approach to doctoral studies. The Doctor of Arts program is designed to prepare candidates for professional leadership roles in clinical administration and supervision, university teaching, and clinical research.

Practica experiences are provided at the Hy Weinberg Center for Communication Disorders at Adelphi University and other placement opportunities in the community. The Hy Weinberg Center for Communication Disorders is organized to facilitate clinical training, research, and clinical services. Students participate in a wide range of clinical activities within the center, which include diagnostic evaluation of and therapeutic intervention with individuals who present communication disorders. Student clinical training emphasizes the application of current theoretical principles in the organization and administration of clinical procedures.

Follow-up Contacts and Goals

Dr. Myers has participated in follow-up activities. She attended the group meeting on October 6, 1992 with Dr. Donna Noyes to discuss the

EarlyCare legislation. Additionally, she was on the planning committee for the Dec. 2, 1992 community meeting held at Adelphi University. Organization for this meeting was her primary goal. Once the meeting is over she wants particularly to focus on cultural issues related to best practice in early intervention in her course work.

FIRST FOLLOW-UP MEETING

Dr. Myers met on October 6, 1992 at Adelphi University in order to discuss plans for the community meeting held on Dec. 2, 1992. At the next meeting planned for the beginning of the Spring semester she will focus on her course outlines.

SECOND FOLLOW-UP MEETING

This meeting was held on January 25, 1993. The purpose of the meeting was to review follow-up activities. Dr. Meyers has infused some material on early intervention, specifically on cultural sensitivity, family directed care and the IFSP process, into her course outline for a graduate course being taught in Audiology. Additionally, Dr. Meyers has added videos and case studies to her course feeling that this would be beneficial to students. She is considering having parents participate in teaching a few classes specifically when discussing the IFSP.

DR. DOROTHY RAMSEY

ASSOCIATE PROFESSOR

SCHOOL OF NURSING

ADELPHI UNIVERSITY

Dr. Ramsey is an Associate Professor of Nursing at Adelphi University. Her area of specialization is in maternal and child health. She is also involved with Project Talk With Me.

Background

Dr. Ramsey holds her Ed.D. from Columbia University. She has been on the faculty of Adelphi University of 15 years. She is particularly involved in courses in parent-child nursing as well as the development of the pediatric nurse practitioner sequence being developed.

Motivation

Dr. Ramsey was highly motivated to participate in the Higher Education Faculty Institute. She felt that it would give her additional information about best practice in early intervention so that she could infuse her courses with some of this information.

Program Description

The School of Nursing is committed to the pursuit of professional learning synthesized with the arts, sciences, and humanities. Its mission is to educate professional nurses who have the knowledge, skills, and values to become informed, creative thinkers; the motivation to pursue lifelong learning; and the ability to translate new knowledge and skills into comprehensive nursing care for all members of society.

The school provides opportunities for individuals to undertake professional careers utilizing educational pathways leading to the Bachelor of Science degree, Master of Science, and Doctor of Philosophy degrees. The primary goal of baccalaureate studies is to prepare nurses for entry into professional practice. Master's education is essential for leadership roles in specialized professional practice, education, and management. The ph.D. program prepares nurses to define, articulate, and influence the nature and direction of nursing knowledge, practice, education, and administration.

The Master's degree offers the following concentrations:

- Clinical Specialization
    - Adult-Health Nursing
    - Mental Health-Psychiatric Nursing
    - Parent-Child Nursing
- Nursing Service Administration
- Nursing Education

Follow-up Contacts and Goals

Dr. Ramsey has participated in follow-up activities. She is active in planning the December 2, 1992 conference to be held at Adelphi University.

FIRST FOLLOW-UP MEETING

Dr. Ramsey and Dr. Lippman met on October 6, 1992 to coordinate plans for the Dec. 2, 1992 meeting. In addition, Dr. Ramsey wants to begin to use some of the information gained at the Institute in her course outlines. The next meeting will focus on specific plans that she has to change her course outlines.

SECOND FOLLOW-UP MEETING

Dr. Ramsey was in attendance at the Dec. 2, 1992 community meeting. She was particularly focused on the role of the Health Department as the lead agency in implementing the EarlyCare legislation in New York state and the implications for preparation of students.

BONNIE SOMAN

DIRECTOR

HY WEINBERG CENTER FOR COMMUNICATION DISORDERS

ADELPHI UNIVERSITY

Ms. Soman is the new Director of the Hy Weinberg Center for Communication Disorders. Since all Adelphi University students in Speech Arts and Communicative Disorders must do one semester of practica at the Hy Weinberg Center Ms. Soman felt it was imperative to participate in the Institute.

Background

Ms. Soman has a MS degree and is a certified Speech and Language Pathologist. As mentioned above she is not a faculty member but supervises all students from the University who are required to do field placements at the Hy Weinberg Center. She is the newly appointed Clinic Director.

Motivation

Ms. Soman was highly motivated to participate in the Higher Education Faculty Institutes as she in intimately involved in providing quality practica experiences for all speech, language and audiology students from Adelphi University. She wanted to become more familiar with best practice in early intervention.

Program Description

Through its graduate programs in Speech-Language Pathology, Audiology, and Deaf Studies, the Department of Speech Arts and Communicative Disorders offers advanced education and training in normal communication processes; disorders of speech, language, and communication; and remediation techniques for disorders of human communication. A comprehensive understanding of disordered communication rests on a firm knowledge base of normal speech, language, and hearing processes. Such an understanding is drawn from course work in linguistics, psychology, speech and hearing science, anatomy and physiology, psychometrics, as well as from a detailed study of communication disorders due to functional and organic etiologies. The Department of Speech Arts and Communicative Disorders offers a Masters of Science degree in the areas of: communicative disorders (speech-language pathology/audiology) and deaf studies.

The department provides students with the academic training and clinical experience necessary to qualify for an M.S. degree, New York State licensure, and certification by the New York State Department of Education.

In addition, the department offers one of the few professional doctorates in communication disorders in the country and is innovative in its approach to doctoral studies. The Doctor of Arts program is designed to prepare candidates for professional leadership roles in clinical administration and supervision, university teaching, and clinical research.

Practica experiences are provided at the Hy Weinberg Center for Communication Disorders at Adelphi University and other placement opportunities in the community. The Hy Weinberg Center for Communication Disorders is organized to facilitate clinical training, research, and clinical services. Students participate in a wide range of clinical activities within the center, which include diagnostic evaluation of and therapeutic intervention with individuals who present communication disorders. Student clinical training emphasizes the application of current theoretical principles in the organization and administration of clinical procedures.

Follow-up Contacts and Goals

Ms. Soman has participated in follow-up activities. She attended the meeting held on September 30, 1992 with Dr. Donna Noyes focusing on the EarlyCare legislation.

FIRST FOLLOW-UP MEETING

Ms. Soman and Dr. Lippman met on October 6, 1992. She explained the policies and procedures at the Hy Weinberg Center and her role in supervising students. Her goal is to make the clinic more sensitive to the needs of families of infants and toddlers. We will continue to meet to assess the changes that she wants to implement and the progress being made.

SECOND FOLLOW-UP MEETING

Ms. Soman is the Director of the Speech Center at Adelphi. The purpose of this meeting was to discuss ways to increase the scope of the Pre-School program at Adelphi for students as part of their practicum experience. Ms. Soman felt that this would give students a broader experience in working with very young children. Dr. Lippman suggested a coordination with Dr. Erwin of the Department of Education as this would also be an appropriate experience for the students in Early Childhood.

DR. LYNN SPIVAK

ASSISTANT PROFESSOR

SPEECH ARTS AND COMMUNICATIVE DISORDERS

SCHOOL OF EDUCATION

ADELPHI UNIVERSITY

Dr. Spivak is an Assistant Professor at Adelphi University in the School of Education, Department of Speech Arts and Communicative Disorders. She is also a member of the Advisory Committee of Project Talk With Me an interdisciplinary program for early detection of hearing impairments in infants.

Background

Dr. Spivak has a Ph.D. in Audiology from the City University of New York. She is licensed in Audiology and has been teaching in higher education for 9 years.

Motivation

Dr. Spivak was highly motivated to participate in the Higher Education Faculty Institute. She felt that it was important to become better informed about national issues in early intervention particularly as they relate to the curriculum in speech pathology/audiology. She was also interested in participation in order to integrate the principles of early intervention into her curriculum.

Program Description

Through its graduate programs in Speech-Language Pathology, Audiology, and Deaf Studies, the Department of Speech Arts and Communicative Disorders offers advanced education and training in normal communication processes; disorders of speech, language, and communication; and remediation techniques for disorders of human communication. A comprehensive understanding of disordered communication rests on a firm knowledge base of normal speech, language, and hearing processes. Such an understanding is drawn from course work in linguistics, psychology, speech and hearing science, anatomy and physiology, psychometrics, as well as from a detailed study of communication disorders due to functional and organic etiologies. The Department of Speech Arts and Communicative Disorders offers a Masters of Science degree in the areas of: communicative disorders (speech-language pathology/audiology) and deaf studies.

The department provides students with the academic training and clinical experience necessary to qualify for an M.S. degree, New York State licensure, and certification by the New York State Department of Education.

In addition, the department offers one of the few professional doctorates in communication disorders in the country and is innovative in its approach to doctoral studies. The Doctor of Arts program is designed to prepare candidates for professional leadership roles in clinical administration and supervision, university teaching, and clinical research.

Practica experiences are provided at the Hy Weinberg Center for Communication Disorders at Adelphi University and other placement opportunities in the community.The Hy Weinberg Center for Communication Disorders is organized to facilitate clinical training, research, and clinical services. Students participate in a wide range of clinical activities within the center, which include diagnostic evaluation of and therapeutic intervention with individuals who present communication disorders. Student clinical training emphasizes the application of current theoretical principles in the organization and administration of clinical procedures.

Follow-up Contacts and Goals

Dr. Spivak is participating in follow-up activities. She attended the group meeting with Dr. Donna Noyes on October 30, 1992. In addition she was involved in the planning meeting of the community meeting held on December 2, 1992. In addition to the planning for this meeting her goal is to increase the capacity of the Hy Weinberg Center to screen infants and toddlers and work in a family directed way. This is a practicum for all Adelphi students in Speech and Audiology.

FIRST FOLLOW-UP MEETING

Dr. Spivak participated in the first follow-up meeting held on October 6, 1992 at Adelphi University. The discussion centered on how to make the work at the Hy Weinberg Center more family directed. Dr. Spivak also supervises students in the NICU at Winthrop University Hospital as part of project Talk With Me and will address the role of parents with the staff in the NICU.

SECOND FOLLOW-UP MEETING

This meeting was held on January 25, 1993 to discuss collaboration with the Department of Education to develop a practicum site at the Hy Weinberg Center. This meeting was held with Dr. Elaine Sands, Chair of the Department of Speech and Dr. Elizabeth Erwin of the Department of Education. The purpose of this meeting was to identify needs of students from both Speech and Education to make this a viable practicum experience.

INSTITUTE VI

DR. CRAIG HELLER

ASSISTANT PROFESSOR

MEDGAR EVERS COLLEGE

DIVISION OF EDUCATION

Dr. Heller is an Assistant Professor in the Division of Education at Medgar Evers College in Brooklyn, New York.

Background

Dr. Heller has an Ed.D. in Early Childhood Education. He is new to higher education teaching only since September, 1992.

Motivation

Dr. Heller's primary motivation in participating in the Higher Education Faculty Institute was to infuse best practice of early intervention into the higher education curriculum. Additionally, he was interested in meeting faculty from other disciplines.

Program Description

The program at Medgar Evers College offers a Certificate Program in Special Education, an A.A. in Elementary Education, a B.S. in Elementary Education an a B.S. in Special Education.

The Division of Education prepares students to become teachers of elementary and special education, grades N-6; it accepts the special obligations that are attached to educating teachers who will work and live within the community and who will strive to remove the barriers that impede the education of minority children.

The following goals and objectives have been formulated in terms of the knowledge, skills and concepts that education students are expected to acquire.

1. To obtain a liberal or general education. At Medgar Evers, the foundation consists of 3 integrated pursuits-the acquisition of knowledge, the development of skills, and the exploration of ideas and values. Through its Core and Liberal Arts Studies curricula, the College places these pursuits at the center of its academic program, and the Division underscores their importance in its planned sequence of teacher education courses.

2. To understand the contemporary educational environment that has wrought changes in educational values and practices. Understanding these changes, past and present, provides an important perspective for educators as they attempt to chart a course for the future.

3. To understand curricula and instructional methodologies.

4. To understand the management of learning.

5. To develop classroom skills. In addition to experiential learning, which is encouraged in the achievement of all goals, the Division prepares its students by concentrating on skills development.

Follow-up Contacts and Goals

Dr. Heller is participating in follow-up activities.

FIRST FOLLOW-UP MEETING

This meeting was held on February 12, 1993. Dr. Heller is preparing a staff training for the education faculty at Medgar Evers in best practice in early intervention. He hopes that this training will be held early in April, 1993. The areas to be focused on will be PL 99-457, the New York State EarlyCare legislation and the implications for personnel preparation. Dr. Heller will review the 14 minimum components stated in PL 99-457. Dr. Heller will be attending the April 16, 1993 meeting with Dr. Donna Noyues from the NYS Department of Health where he anticipates that the discussion of the Standards and Procedures will provide him with additional information to share with his colleagues.

DR. YOUN PARK

ASSISTANT PROFESSOR

LONG ISLAND UNIVERSITY

DEPARTMENT OF EDUCATION

Dr. Park is an Assistant Professor of Special Education at Long Island University. She teaches at the campus in Brooklyn and the campus in Westchester.

Background

Dr. Park has her Ed.D. in Special Education from Columbia University. She worked for the New York City Board of Education for 10 years before joining the faculty at Long Island University in September, 1992.

Motivation

Dr. Park's primary motivation to participate in the Higher Education Faculty Institute was to infuse best practice of early intervention into the curriculum and to better understand the principles of early intervention.

Program Description

A student with the appropriate undergraduate preparation can enroll in one of the programs which leads to the master's degree and eligibility for New York State certification.

Since the program of study for the Master of Science degree (Education) or the Master of Science in Education degree will vary for each student depending upon courses taken as an undergraduate and/or new York State regulations, students consult with an academic adviser to develop a plan of study.

Elementary Education majors will take most courses in Education with electives appropriate to the student's background or major interests as approved by the Education Division.

The Division of Education also offers a program leading to the degree of Master of Science in Education with a major in Special Education and a concentration in the learning disabled, the emotionally disturbed, the mentally handicapped, or the physically handicapped. A specialization in Early Childhood Special Education is available within the concentration in the Emotionally Handicapped. Graduates may be eligible for permanent New York State certification as Special Education teachers upon completion of the master's degree and two years' experience as teachers of children with handicapping conditions.

Follow-up Contacts and Goals

Dr. Park participated in all five days of the Institute. Her primary goal is to begin to explore the possibility of setting up a program in early intervention related to early childhood education at LIU, Division of Education, Graduate School.

PROF. ARIELLA NEUMAN

DEPARTMENT OF OCCUPATIONAL THERAPY

TOURO COLLEGE

SCHOOL OF HEALTH SCIENCES

Prof. Neuman is an Assistant Professor at Touro College in the Department of Occupational Therapy. Her colleague, Prof. Andrea Krauss was a participant in the first Higher Education Faculty Institute and Prof. Neuman participated in the Institute on the advice of Prof. Krauss.

Background

Prof. Neuman is from Israel where she earned her MA degree in Occupational Therapy. She has been teaching at Touro College for one year. Prof. Neuman is also working on her doctorate in Occupational Therapy and intends to return to Israel when she completes her degree.

Motivation

Prof. Neuman's primary reason to participate in the Institute was to become better informed about national issues in early intervention as well as to better understand the principles of early intervention and to meet higher education faculty in other disciplines.

Program Description

The curriculum for the Occupational Therapy Program at Touro College is designed to provide an education in occupational therapy that begins with a strong foundation in basic social sciences. The program curriculum concentrates it first year on basic science courses, with the introduction of occupational therapy and practice. The first year also emphasizes two semesters of psychosocial studies. After the sequence of coursework, the student begins to apply the knowledge base to practice during the first Fieldwork II placement.

The second year of the curriculum builds on the knowledge base already acquired. Coursework is designed to add information on abnormal processes. Theory and practice courses continue to foster the integration of knowledge and clinical practice.

The final year provides for advances theory and practice in areas of special interest. The student begins to develop areas of interest and expertise within the diversity of occupational therapy through graduate level coursework. Other concepts and skills emphasized in the final year include the completion of a research project, the refinement of administrative and diagnostic skills, and the enhancement of skills in analyzing and synthesizing theory and practice.

Throughout the curriculum, there is a close correlation between theory and practical application in the classrooms, laboratories, and clinics. The program includes a variety of teaching methods, including lectures and discussions, laboratory practice, seminars, student presentations, and conferences. Competency and proficiency are determined by written, oral, and practical examinations, as well as by student presentations and projects. Upon successful completion of the third year and a thesis, the student is awarded a B.S. degree in Health Sciences concurrent with a M.A. degree in Occupational Therapy.

APPENDIX P

Training Contract

Agency: Adelphi University
Date: Oct. 24, 1990
Contact Person: Dr. Phyllis Mendell
Phone: 516-921-7650
Address: 72 South Woods Rd., Woodbury, N.Y. 11797

Participants:

Name	Position
Dr. Phyllis Mendell	Assistant Professor
Dr. Carol Lippman	Project Coordinator

Training Location: Nassau Center for the Developmentally Disabled

Dates and Times of Training:

Oct. 24, 1990

Nov. 4, 1990

Number of CEUs to be earned:

Training Contract

Program development need: identification and assessment of existing curriculum in early childhood special education and related practicum experiences.

Training Objectives:

1. expand curriculum to include family-centered early intervention
2. develop practicum sites appropriate to early intervention

Training Activities:

1. to develop a program offering a theoretical basis for early childhood special education
2. to develop practicum sites appropriate to family-centered early interventi

Trainng Evaluation:

1. reports from students, professors and field site supervisors.

APPENDIX Q

Initial Draft Based Upon Technical
Assistance Visit 10/24/90

Early Childhood Special Education

Interdisciplinary Master's Degree Program

Phyllis Mendell, Ph.D.
Clinical Professor, Adelphi University

I) To identify and assess the need for an early childhood special education master's degree program on Long Island.
  a) Number of early intervention and preschool programs.
  b) Number of Master-level certified teachers required.
  c) Number of students majoring in early childhood special education.
  d) Number of students interested in early childhood special education.
  e) Number of students aware of early childhood special education and function of early intervention services.
  f) Outreach assessment: Have, and how have, colleges and universities recruited prospective early childhood special education teachers?

II) To develop a program which offers both a theoretical and experiential basis for early childhood special education, based on the mandates dictated by PL 99-457.
  a) Coursework would survey the areas of assessment, intervention, family dynamics, counseling, medicine, speech and language, development (typical and atypical) and coordination of services.
  b) Coursework would include didactic lecture, fieldwork, practica, observations and an extensive internship.
  c) Suggested courses (all 3 credits unless indicated)
    Introduction to early childhood special education.
    Assessment
    Diagnosis
    Educational research
    Development (Typical and atypical)
      Cognitive (Typical and atypical)
      Social (Typical and atypical)
      Neuromotor development (Typical and atypical)
      Speech and language development (Typical and atypical)
    Medical primer
    Infant stimulation
    Intervention
    Behavior analysis
    Creative arts
    Family systems theory
    Marriage and family therapy
    Working with families
    Cultural perspectives
    Self-awareness (1 credit)
    Special and current topics
    Internship (6 credits)

d) Suggested practicum sites
    - Schneider Children's Hospital
    - North Shore University Hospital
    - South Huntington School District
    - Suffolk County Developmental Center
    - Nassau Center for Developmentally Disabled
    - John Louis Child Center
    - Life Skills Center
    - Association for Down's Syndrome
    - Little Village School
    - Adelphi University Child Activity Center
    - Huntington School District
    - Hicksville School District
    - Baldwin School District
    - BOCES
    - Queens Children's Hospital
    - Variety Preschool
    - Association for Children with Learning Disabilities
    - Building Blocks
    - Parent Advocate Groups
    - Advocates for Children
    - Neonatal intensive care units
    - Hospices
    - Legal societies
    - Regional Planning Group

III) Program evaluation, which would include:
- a) Student reports
- b) Professor's reports
- c) Field site reports
- d) Employer reports [1, 2, and 5 year evaluations]
- e) Graduate reports [1, 2 and 5 year evaluations]

Nature and Purpose:

The Education for All Handicapped Children Act, Public Law 94-142, Section 619, passed in 1975 initiated efforts to serve handicapped children between the ages of 3 and 5 through the Preschool Incentive Grant Program. In 1984 the passage of P.L. 98-199 authorized services to be extended to handicapped children from birth. As early intervention research and training developed, studies showed that early intervention with handicapped and at-risk infants and children were effective in accelerating and maintaining their development (Bruder & McLean, 1988). The federal government in recognition of these findings, passed the 1986 Amendments to the Education of the Handicapped Act, P.L. 99-457. P.L. 99-457 lowered the national mandate for special education services to age 3 and, in addition, offered financial incentives to states to develop intervention services for handicapped and at-risk infants, toddlers and their families. In 1984 The Office of Special Education and Rehabilitative Services (OSERS)in 1984 began supporting the preparation of personnel to serve handicapped and at-risk infants by offering a training priority entitled the Preparation of Personnel to Provide Special Education and Related Services to Newborn and Infant Handicapped Children. The intent of OSERS and other grant institutions was to provide personnel training programs which would prepare early interventionists in accordance with the intent and spirit of P.L. 99-457. It is the purpose of this proposal to develop a personnel training program at Adelphi Unversity which would meet the specifications of the OSERS training priority.

At the present time Adelphi School of Education offers a Master of Science Degree in Early Childhood Special Education. The program presently prepares students to teach infants, toddlers and preschool age children. Although I recommend that Adelphi continue offering this degree, I believe it is time to critically review this program in terms of its philosophy, objectives, coursework, competencies, and clinical experiences. In addition, I believe students should be allowed to specialize in either an early intervention track or a preschool track in accordance with the mandates stipulated in P.L. 99-457. Furthermore, both specializations should be offered as graduate and postgraduate degrees, i.e. for people already in the field who wish to return for training in these new areas of specialization.

In the present proposal I will focus on the program philosophy, objectives, coursework and clinical experiences necessary for the development of an interdisciplinary early intervention master's degree program. This proposal could also be expanded to serve as the framework for the development of an interdisciplinary preschool master's degree program. In addition, if Adelphi chooses to retain a general early childhood special education masters degree program, as well, its present format could be reviewed within the context of the present proposal.

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Interdisciplinary Early Intervention Master's Degree Program

I. Program Philosophy

A. In accordance with P.L. 99-457 (Title 1, Part H), all handicapped infants and toddlers are entitled to free appropriate early intervention services from the time of detection of a possible or demonstrated developmental delay. All personnel training within this program shall incorporate the principles, spirit and intent set forth in P.L. 99-457.

B. All early intervention programs should be family-focused. They should enhance the capacity of families to meet the special needs of their infants and toddlers with handicaps. They must be able to incorporate family priorites within the IFSP in accordance with state and federal guidelines. All early interventionists should understand family systems theory and be able to apply this knowledge within the family setting. They should know and be able to apply principles involved in family involvement, family empowerment, and parent advocacy. They should also know and use effective communication skills.

C. Early interventionists should be able to participate effectively in an interdisciplinary team process. A transdisciplinary approach to programming should be utilized.

D. Appropriate diagnostic instruments and procedures utilized by members of the interdisciplinary team shall be used to determine the specific nature of the developmental delay, deficit or risk.

E. The curricula intervention strategies should be based directly on the assessment findings. Ongoing data-based program evaluation must always be present to ensure careful documentation of the infant's progress and to ensure the link between assessment, programming and evaluation remains constant.

F. The doctrine of the least restrictive environment must be established within early intervention programs. Early interventionists must establish groupings which allow exchange between handicapped and non-handicapped infants and toddlers to ensure effective modelling and programming.

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G. Early intervention personnel preparation must include a wide range of supervised clinical experiences in conjunction with coursework. These clinical experiences should be in settings that are center-based, home-based, medically-based, legally-based and family-based to ensure competence within multiple settings.

H. Early interventionists shall be competent in the areas of program administration, program design and implementation, and program evaluation.They must understand typical and atypical developmentand be able to view dysfunction within a developmental, ecological and multi cultural perspective. Additionally, they must be familiar with medical and health-related issues particularly in the area of neuromotor development.

I. Early interventionists must have a comprehensive understanding of research practices and principles, including experimental design, biostatisitcs and data analysis. They must be able to critically analyze research and apply it. They must understand the importance of maintaining an up-to-date research-based breadth of knowledge in the field of early intervention in order to maintain the research-practitioner link.

J. Early interventionists must constantly evaluate their own values, cultural perspectives, and training and be aware of their impact on performance and attitude.

K. Although the focus of the early interventionist's training is on assessment, intervention and program evaluation, they must command a broad spectrum of knowledge in issues relating to family, health, team process, research, administration and self evaluation in order to best serve the needs of infants and toddlers with special needs and their families.

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II. Program Objectives

A. To identify and assess the need for an early intervention program on Long Island.

1. To determine the number of early intervention programs located on Long Island and assess their need for early interventionists.

2. To determine the number of students who are aware of early intervention training programs and are interested in applying to such programs.

3. To disseminate information regarding the availability of the program by mail, brochure, newsletter, and advertisement in professional journals.

B. To develop an early intervention program which offers both a theoretical and experiential base of knowledge in accordance with the mandates of P.L. 99-457.

1. To develop early intervention courses, based on the program's philosophy, which will include objectives, outlines, course evaluation, readings and references.

2. To recruit practicum sites, assign students to sites, and provide ongoing supervision and feedback to students at the sites by a designated program supervisor and by an on site staff supervisor.

C To establish admission criteria and admit qualified students.
1. To interview students who have met the established admission criteria.
2. To enroll qualified students and plan their programs.

D. To evaluate the early intervention training program.
1. To evaluate student's acquisition of course content, competency tasks and clinical skills.
2. To evaluate coursework and instructors.
3. To evaluate practicum sites and supervision received.
4. To evaluate early intervention program's ability to provide qualified early interventionists to the Long Island area. Reports will be obtained from employers and graduate students annually.

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III. Course Descriptions

Cognitve Language Social and Emotional Development and Disorders
3 Credits

This course will present an overview of cognitive, language social and emotional development during the sensorimotor stage of development. Atypical development and developmental disabilities will be described within a developmental and ecological perspective.

Neuromotor Development and Disorders
3 credits

This course will present an overview of sensorimotor development from birth through age two. The developmental milestones will be described followed by issues relating to treatment, including oral-motor difficulties and techniques to promote movement. Atypical development and developmental disabilites will be described within a developmental and ecological perspective.

Family-Focused Intervention
3 Credits

This course will provide knowledge of family systems theory, family assessment, IFSP formulation and implementation and strategies to enhance the capacity of families to meet the special needs of their infants and toddlers via effective communication and collaborative goal setting. Multicultural perspectives will also be addressed. The spirit and intent of P.L. 99-457 regarding family involvement in assessment, intervention and program evaluation will be the framework on which topic areas will be presented.

Medical Aspects of Developmental Disabilities
3 Credits

This course will address prenatal, perinatal and postnatal risk factors which predispose an infant or toddler to a developmental disability. Health and medical interventions and their effect on the child, family and caregivers will be described. Home management will be addressed. Current medical issues such as pediatric AIDS, drug addicted babies and FAS will be discussed.

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Team_Process_Practicum
3 credits

This practicum will teach the student to understand the team process through direct involvement. Along with exercises on team development, the student will also function as a member of an interdisciplinary team in a supervised setting. The student will be involved in the formulation, development and evaluation of IFSPs.

Assessment
3 Credits

This course will teach students procedures used in screening, identification, assessment, placement, intervention and program evaluation. The importance of the link between assessment, intervention and program evaluation will be stressed. Related issues of ethical and legal practices, transdisciplinary approaches in assessment,intervention and prgram evaluation, and psychometrics will be discussed.

Research_Analysis
3 Credits

A comprehensive review of experimental design, methodology and biostatisitcs will be presented. Students will be taught to critically analyze research and apply it. The importance of maintaining an up-to-date research-based breadth of knowledge in the field of early intervention will be stressed in order to assure maintenance of the research-practicioner link.

Intervention_Strategies_and_Techniques_Practicum
6 Credits

Students will be placed in early intervention programs for 15 hours weekly for two semesters. Program and on-site supervision will be provided along with weekly seminars during which students will share their experiences.

Service_Delivery
3 Credits

This course will provide students with information on administrative management,interagency coordination,team models and effective strategies for model program delivery. The development of a program philosophy, program objectives, program policy and procedures will be discussed. Issues and irregularites in service delivery will be addressed and analyzed.

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Legal and Ethical Issues
3 Credits

The legal issues pertinent to the passage and implementation of P.L. 99-457 will be discussed. The ethical issues and dilemmas of early interventionists will be reviewed and analyzed. The effect of our own value system, cultural perspectives and training on our performance and attitudes towards families of infants and toddlers with special needs and to the infants and toddlers will be discussed and evaluated.

Internship
6 Credits

Students will be supervised for two semesters in field-based training experiences. These clinical experiences will be in settings that are center-based, home-based, medically-based, legally-based, and family based to ensure competence within multiple settings. The students will be supervised by on-site staff and program staff. A weekly seminar to discuss clinical experiences and broaden students perspectives will also be required.

Suggested L.I. Practicum Sites

Schneider's Children's Hospital:
  Early Intervention Program
  Neonatal Unit
North Shore University Hospital
  Early Intervention Program
  Neonatal Unit
South Huntington Early Intervention Program
Suffolk Child Development Center Early Intervention Program
John Louis Child Center
Life Skills Center
Association for Children with Down's Syndrome
Little Village School
Adelphi University Child Activity Center
BOCES
Queen's Children's Hospital
Association for Children with Learning Disabilities Early Intervention Program
Building Blocks Early Intervention Program
Parent Advocacy Groups
Legal Societies
Hospices
Regional Planning Groups

Prepared in consultation with Mary Beth Bruder, Ph.D., Director
Early Intervention Initiative, MRI

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APPENDIX R

HIGHER EDUCATION FACULTY INSTITUTE
Follow-up Meeting
October 11, 1991

Present: Andrea Krauss, M.A., Tuoro College
Chaye Lamm Warburg, M.A., Columbia University
Anne Frielich, M.A., New York University
Jeanne Charles, M.S.W., New York University
Lorraine Siegel, D.S.W., Fordham University
Sunny Goldberg, M.A., Manhattanville
Joan Shapiro , Ed.D., Marymount
Theresa Bologna, Ed.D.; Janice Derrickson, Ed.D.; Carol Lippman, Ph.D.; Mary Beth Bruder, Ph.D., MRI/Institute for Human Development

I. Project Updates

A. Jeanne Charles - NYU - Director of the Masters Degree Program in Developmental Disabilities

1. Proposal:
   a. Member of transdisciplinary team in SEHNAP (School of Education, Health, Nursing and Arts Professions) whose goal is to foster preservice programs across disciplines in early intervention.
      1) current members represent occupational therapy, early childhood, special education, speech and recreation therapy.
      2) the group meets every other week - they will be adding members from nursing and psychology.
   b. Proposal with Anne Frielich - NYU - Speech Pathology & Audiology
      1) Goal: to establish an interdisciplinary clinic and evaluation team that will integrate children with disabilities into day care/nursery schools. The clinic would be a potential practicum site.
      2) This idea was presented to the transdisciplinary team members who indicate support of the proposal.

2. Problems:
   a. Need for funding to set-up a clinic that could be a practicum site. Will consider the possibility of exploring a grant.

b. Interdepartmental approval is needed for grant process.
c. If a grant is written and funded for interdisciplinary clinic what happens when grant period is over? Where will funding come from to continue clinic?

3. Follow-up:
   a. To examine the Federal Register for possible grants.
   b. To meet with the Director of Sponsored Research at NYU.
   c. To make a proposal to the transdisciplinary team.

B. Lorraine Siegel, Professor - Fordham, School of Social Work, Coordinator of Behavioral Science Sequence

1. Proposal:
   a. Will plan an integrative seminar for all social work students and faculty in practicum (first and second year, approximately 300 students).
   b. Will explore an elective in early intervention in the MSW program.

2. Problem:
   a. Social workers believe they have a good background in families even in early intervention.
   b. Students in early intervention practicum sites, i.e. HIV settings, day care are often without understanding of early intervention issues.

3. Follow-up:
   a. Plan for workshop in mid-winter in early intervention.

C Sunny Goldberg, Adjunct Assistant Professor of Education at Manhattanville

1. Proposal:
   a. To develop and implement an early intervention curriculum for special education.
   b. To meet with the Department Chair regarding infusing early intervention materials into curriculum.

- c. To meet with the Provost regarding infusing early intervention materials into curriculum.

2. Problem:
   - a. The lack of certification is seen as a major impediment to additional program development.
   - b. Questionable number of prospective students.

3. Follow-up:
   - a. Collect data about possible student interest.

D. Joan Shapiro, Chair Division of Speech and Education, Speech and Language Center Director

1. Proposal:
   - a. To try and decide between a Masters Program in early intervention vs. special interest minor in early intervention.

2. Problem:
   - a. Because of lack of certification there is concern regarding number of students.

3. Follow-up:
   - a. Do a needs assessment to see about numbers of students for Masters program.
   - b. To meet with President of College who is supportive but wants to know more about student interest and potential numbers.

E. Anne Frielich, Director of Speech/Language/Hearing Clinic at NYU

1. Project:
   - a. Will collaborate with Jeanne Charles in development of interdisciplinary clinic and evaluation team.

   - b. Proposal within Speech Department:
     15 credit Post Masters certificate:
     - * 6 credits in IFSP and teaming
     - * 3 credits in Early Language Development and Phonology, Hearing
     - * 3 credits in Early Motor Development/Feeding
     - * 3 credits Practicum

2. Problem:
   a. The number of students has increased in the Department and faculty is spread too thin. There is a need for additional faculty.

3. Follow-up:
   a. Meet with the Director of Sponsored Research at NYU.
   b. Meet with the Chair of Speech Department regarding Post Masters certificate.

F. Andrea Krauss, Assistant Professor, Tuoro College, Occupational Therapy Department, Doctoral Student in Social Work, Adelphi University

1. Proposal:
   a. Has begun to integrate early intervention material in present courses.
   b. Will meet with Department Chair to propose an early intervention track for Masters students.
   c. To develop a clinic to train students and assess children and to integrate them into a mother-child program dealing with parenting concerns.

2. Problem:
   a. There is difficulty in developing early intervention practicum sites for occupational therapy students.

3. Follow-up:
   a. Assess needs to develop additional practicum sties.

G. Chaye Lamm Warburg, Assistant Professor, Columbia University, Occupational Therapy Department

1. Proposal:
   a. To explore inclusion of early intervention materials in advanced MA curriculum in the Occupational Therapy Department for next semester.
   b. Need to expand early intervention materials beyond where it currently exists in interdisciplinary Human Growth and Development course (150 students from physical therapy, occupational therapy, nursing in 6 sections).

2. Problem:
   a. There is varied expertise among those who teach the sections in Human Growth and Development course.

3. Follow-up:
   a. Assess student interest in early intervention.

II. Part H - Update

A. Dr. Bruder presented update on Part H:

1. Federal level
   a. Congress has reauthorized legislation and is waiting for President Bush's signature.
   b. Changes:
      1) case manager now service coordinator
      2) assistive technology now approved as a service
      3) added counselors, and early childhood educators
      4) timelines - 45 days from referral to IFSP
      5) emphasis on services in home and "natural environment"

2. State level
   a. NYS approved for year 4.
   b. There is a mandate to get legislation drafted for year 5.
   c. Oct. 1 - mandate for service coordination with Health Department as lead agency.

APPENDIX S

HIGHER EDUCATION FACULTY INSTITUTE
WESTCHESTER INSTITUTE FOR HUMAN DEVELOPMENT
FAMILY SUPPORT/EARLY INTERVENTION

JULY 8, 12, 19, 22, 1991
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HIGHER EDUCATION FACULTY INSTITUTE
WESTCHESTER INSTITUTE FOR HUMAN DEVELOPMENT
FAMILY SUPPORT/EARLY INTERVENTION

NEW YORK UNIVERSITY
SCHOOL OF EDUCATION, HEALTH, NURSING AND ARTS PROFESSIONS (SEHNAP)

JANUARY 23, 30, FEBRUARY 13, 20, 27, 1993
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HIGHER EDUCATION FACULTY INSTITUTE
WESTCHESTER INSTITUTE FOR HUMAN DEVELOPMENT
FAMILY SUPPORT/EARLY INTERVENTION

ST. JOHN'S UNIVERSITY-SPEECH AND LANGUAGE PATHOLOGY AND AUDIOLOGY

JUNE 1, 8, 15, 22, 26, 1992
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HIGHER EDUCATION FACULTY INSTITUTE
WESTCHESTER INSTITUTE FOR HUMAN DEVELOPMENT
FAMILY SUPPORT/EARLY INTERVENTION

JULY 6-10, 1992
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HIGHER EDUCATION FACULTY INSTITUTE
WESTCHESTER INSTITUTE FOR HUMAN DEVELOPMENT
FAMILY SUPPORT/EARLY INTERVENTION

ADELPHI UNIVERSITY

SEPTEMBER 18, 25, OCTOBER 2, 9, 30, 1992
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HIGHER EDUCATION FACULTY INSTITUTE
WESTCHESTER INSTITUTE FOR HUMAN DEVELOPMENT
FAMILY SUPPORT/EARLY INTERVENTION

JANUARY 8, 15, 22, 19 AND APRIL 16, 1993
INSTITUTE VI

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